



## MOBILE FOOD UNIT PLAN REVIEW PACKET



**Public Health**  
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The materials in this packet will guide you through the plan review process to assure that your mobile food unit meets requirements of the Mobile Food Unit Rules. This packet is also intended to evaluate your proposed operation to provide the safest food possible to the general public. The application form must be completed as part of the plan.

This packet consists of the following information:

- **General Information (including requirements and limitation)**
- **Applicants Checklist for Mobile Food Units**
- **Mobile Food Unit Plan Review Application**
- **Mobile Food Unit Plan Review Worksheet**
- **Mobile Food Unit Commissary Agreement**
- **Mobile Food Unit Itinerary and Operating Schedule**
- **Application for License**
- **Mobile Food Unit Change of Ownership Form**

Please complete the attached documents and submit them with the required plan review fee to Multnomah County Environmental Health. **Approval from the health department must be obtained prior to construction or operation of your unit.** The following materials must also be submitted with your completed packet:

1. Complete plans of the unit drawn to scale, including equipment location.
2. List of all equipment necessary for the operation of the unit.
3. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops.
4. Information relating to your base of operation, including times and dates of use. Attach a completed **Mobile Food Unit Commissary Agreement**, if necessary.
5. List of your operating location(s) and approximate time schedule, if applicable. If the unit operates on a designated route, you must specify your itinerary. Attach a completed **Mobile Food Unit Itinerary and Operating Schedule**.

If you have any questions during this process, please contact us:

**Multnomah County Environmental Health Section**  
**3653 SE 34<sup>th</sup> Ave.**  
**Portland, OR 97202**  
**(503) 988-3400**

## Mobile Food Unit GENERAL INFORMATION

A mobile food unit is defined in OAR 333-162-0000(31) as "...any vehicle that is self-propelled, or which can be pushed or pulled down a sidewalk, street or highway, on which food is prepared, processed or converted, or which is used in selling and dispensing food to the ultimate consumer." There is no size limit to mobile food units, except they must meet the following requirements:

- The unit must be a vehicle and not require a special permit from the Oregon Department of Transportation to be moved.
- Mobile food units must be mobile at all times during operation. There is no requirement to move the unit at specific intervals, however, the unit must be on wheels at all times and have no permanent connections to any utility service (including water, sewer, or electric).
- The unit and all operations and equipment must be integral to the unit. This precludes the use of a barbecue with a Class III or IV unit.

There are four types of mobile food units. The mobile food unit classifications are based upon the type of menu served.

**CLASS I** – These units can sell only intact prepackaged foods and dispense non-perishable beverages. No dispensed ice is allowed. No preparation or assembly of food items is allowed.

**CLASS II** – These units may dispense unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit.

**CLASS III** – These units may cook, prepare and assemble food items. However, no raw-to-finish cooking of animal foods is allowed on the unit.

**CLASS IV** – These units may serve a full menu.

### GENERAL REQUIREMENTS AND LIMITATIONS

A mobile unit can serve menu items in its own classification and those to the left of it on the chart. For example, a Class III unit may also sell items allowed under Class I and II. Please See Mobile Food Unit Rules for full requirements.

	<b>Class I</b>	<b>Class II</b>	<b>Class III</b>	<b>Class IV</b>
<b>Water Supply Required</b>	No	Yes	Yes	Yes
<b>Handwashing System Required</b>	No	Yes – Minimum five gallons <sup>1</sup>	Yes – Minimum five gallons <sup>1</sup>	Yes – Minimum five gallons <sup>2</sup>
<b>Dishwashing Sinks Required</b>	No	No <sup>3</sup>	No <sup>3</sup>	Yes – Minimum 30 Gallons
<b>Assembly or Preparation Allowed</b>	No	No	Yes	Yes
<b>Cooking Allowed</b>	No	No	Yes <sup>4</sup>	Yes
<b>Barbecue Operation Allowed</b>	No	No	Yes – Reheating of foods only	Yes
<b>Restroom Required</b>	Yes	Yes	Yes	Yes

<b>Examples</b>	Prepackaged sandwiches/ Dispensed soda without ice/Canned & bottled beverages	Service of unpackaged food items	Bento espresso hot dogs	No menu limitations
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<sup>1</sup> The handwashing system may consist of a container which provides flowing water.

<sup>2</sup> The handwashing system must be plumbed to provide hot and cold running water.

<sup>3</sup> Must provide a minimum of 30 gallons of water for dishwashing, if provided.

<sup>4</sup> May cook only foods which are not potentially hazardous when raw (rice, onions, pasta, etc...).

Please keep in mind that because mobile food unit design is related to the menu served, any change in the menu must be approved by the health department. Failure to obtain approval for a menu change may result in closure of your unit.

### **Other Requirements**

Prior to licensure by the health department, there may be other agencies from which you will be required to obtain approvals. These include, but are not limited to planning (zoning), building codes (structural, electrical, plumbing, prefabricated structures), fire marshal, or city or county authorities.

**In particular, mobile food units in which the operator occupies the inside of the unit and the unit stays in one location for more than 30 days must undergo plan review and receive approval from the Prefabricated Structures Section of Building Codes Division. Please call (503) 378-4133 to obtain approval. Health department approval does not imply that your unit meets other agency codes.**

### **Additional Information**

Finally, while this document contains some detailed information about the rules for the construction and operation of mobile food units, it does not contain all the requirements for your unit. Please refer to the Mobile Food Unit Rules [http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_162.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_162.html) for all the requirements.

## APPLICANT'S CHECKLIST for mobile food units

This sheet is intended to help track your progress through the plan review process. When all steps are completed, your mobile food unit will be ready for licensing operation.

DATE COMPLETED:

	<ol style="list-style-type: none"> <li>1. Submit the following:           <ol style="list-style-type: none"> <li>a. A completed review packet including the following:               <ul style="list-style-type: none"> <li>• Mobile Food Unit Plan Review Application</li> <li>• Mobile Food Unit Plan Worksheet</li> <li>• Mobile Food Unit Itinerary and Operating Schedule</li> <li>• Mobile Food Unit Commissary Agreement (if applicable)</li> <li>• Application for License.</li> </ul> </li> <li>b. Plans/drawings of your unit. You must have the name and location of all major components and include overhead and side views of the unit.</li> <li>c. The required fees</li> </ol> </li> </ol>
	<ol style="list-style-type: none"> <li>2. Obtain any required approvals from other agencies, i.e. planning, zoning, and building codes. (see below*).</li> </ol>
	<ol style="list-style-type: none"> <li>3. Plans approved by the health department. (see below *) You will receive a response within 10 working days.</li> </ol>
	<ol style="list-style-type: none"> <li>4. Call the health department for a pre-operational inspection at least one week prior to the date you intend to open.</li> </ol>
	<ol style="list-style-type: none"> <li>5. Pre-operational Inspection performed and mobile food unit is approved for operation.</li> </ol>
	<b>Receipt of all approvals. Begin Operation.</b>

**\*NOTE:** If plan review by the Prefabricated Structures Section of the Building Codes Division is required for your unit, submit a copy of the plan review approval letter to Multnomah County Health Department. Plan review and approval by the Prefabricated Structures Section must be completed and verified before a license to operate will be issued by the Multnomah County Health Department.

For more information on Prefabricated Structures:

**Agency Name:** BCD - Prefabricated Structures  
**E-mail Address:** [BCD.License@state.or.us](mailto:BCD.License@state.or.us)  
**Phone:** 503-378-4133  
**Mail Address:** DCBS - Building Codes Division  
 PO BOX 14470  
 Salem, OR 97309 - 0404  
**Website Information:** <http://www.bcd.oregon.gov/programs/structural.html>

[Food handler cards](#) are required for all persons working in a mobile food unit or base of operation. Contact the Multnomah County Environmental Health Section, Food Handlers for information on obtaining a food handler card (503) 988-5257.



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[www.mchealthinspect.org](http://www.mchealthinspect.org)



**Public Health**

**MOBILE FOOD UNIT PLAN REVIEW APPLICATION**

OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before your unit can be issued a license and approved to operate. Please contact the Multnomah County Environmental Health Office (503) 988-3400 for an inspection prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of the mobile Food Rules. Incomplete plans may be returned for completion.

Name of Business:	_____				
Address:	_____			Phone # _____	
	Number	Street	City	State	Zip Code
Name of Owner:	_____				
Address:	_____			Phone # _____	
	Number	Street	City	State	Zip Code
Contact Person:	_____				
Address:	_____			Phone # _____	
	Number	Street	City	State	Zip Code

Type of Construction:    New Mobile Food Unit:     Major Remodel:     Previously Licensed(\*1):

Class (circle one):    I    II    III    IV    Are you proposing to operate without a base of operation? \_\_\_\_\_

Plan Review approval should be sent to:    Owner:     Contact Person:

Expected date that the unit will be ready for a preoperational inspection: \_\_\_\_\_

Application is hereby made for plan review of the above Mobile Unit in compliance with the provisions of the Oregon Administrative Rules, OAR Chapter 333 Division 162 requires that plans be submitted to the assistant director (authorized representative) and Environmental Health Specialist for review and commented on before construction, remodeling, or conversion is begun. Payment of the \$_____ plan review fee is hereby made with the understanding that OAR 333-162-0000 requires that plans be submitted for review when a food service facility is constructed or extensively remodeled. All construction must conform to OAR 333-162-0000 through 333-162-1020 as printed in the "Mobile Food Unit Rules" published by the Oregon Department of Human Services. And OAR 333-162-1010 requires that the food service facility be inspected prior to the start of operation to determine compliance with the reviewed plans and specifications and with the requirements of these rules. All information contained in this record is public. * Please refer to fee schedule or call our office for information regarding Plan Review fee.		
Make Check Payable To:		<b>Multnomah County Environmental Health</b>
Applicant's Signature: _____	Date: _____	
Print Name: _____		
<b>NOTE: THE FEE MUST ACCOMPANY THIS APPLICATION</b>		
Fee Received:	Date:	By:
Check #:	Cash:	Receipt #:

(\*1) Mobile Food Unit plan review fee and plans/drawings are not required if the unit was previously licensed in the State of Oregon and documentation of licensure approval is provided.



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## MOBILE FOOD UNIT PLAN REVIEW WORKSHEET

Please complete the questions on this worksheet that apply to your mobile food unit. Be as specific as possible.

1. List all menu items (including condiments).

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2. Where will food be purchased?

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3. Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance? If so, please describe.

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4. Describe how foods requiring cooling will be rapidly cooled on the unit? What will become of leftover foods?

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5. How will hot and cold food temperatures be maintained on the unit?

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6. Where is the commissary or warehouse located? Please submit a completed **Mobile Food Unit Commissary Agreement** if you are using a restaurant licensed by someone other than yourself. List the approximate time of day you will be using your commissary or warehouse.

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7. What is the source of drinking water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed. What is the size of the fresh water storage tank?

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8. How will waste water be removed from the unit? Describe how waste water will be transported from the unit to the approved waste water disposal location. What is the size of the waste water storage tank? (The volume of the waste tank must be 10 to 15 percent greater than the volume of the fresh water storage tank.)

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9. What is the power source for the mobile food unit? If electricity is required, how will the electrical supply be connected to the unit? Describe how foods will be transported to and from the unit and how hot and/or cold holding temperatures will be maintained during transit.

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10. What type of handwashing system will be used on the unit? (A minimum of five gallons must be provided for handwashing.)

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11. Describe how dishes and utensils will be washed. If dishes and utensils are washed on the unit, a minimum of 30 gallons of water must be provided for this purpose.

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12. Describe how garbage will be stored and where it will be thrown away. What methods of insect and rodent control will be used in your unit?

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13. Where is your restroom facility located?

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14. Describe the type of overhead protection provided for your unit (ceilings, awnings, umbrellas, etc.)?

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15. Where will the unit be cleaned? If you plan to wet mop the unit, where will you dispose of mop water?

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## COMMISSARY SERVICE VERIFICATION

*This form is to be completed when the licensed owner of the Commissary provides food service activities conducted at the Commissary to support a Mobile Food Unit operation. Check the following statement that applies to your operation:*

\_\_\_\_\_ If the Mobile Food Unit arrives daily at the commissary solely to pick up clean utensils prior to operating and drop off used utensils at the end of the day, you are required to complete and return this Commissary Service Verification form.

\_\_\_\_\_ If the Mobile Food Unit conducts any food service activities at the commissary (e.g., utensil washing and/or any food preparation activities such as food washing, thawing, cooking, cooling, and reheating) a separate Commissary License in the mobile food unit owner's name **MUST** be obtained.

**MOBILE UNIT (Please Print)**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Licensee Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Facility Number: \_\_\_\_\_

**LICENSED FOOD SERVICE FACILITY (Please Print)**

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Licensee Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Facility Number: \_\_\_\_\_  
 County Licensed In: \_\_\_\_\_

*This agreement between the above mentioned two parties is valid only for the current calendar year. In the event that the agreement for commissary usage is terminated, the mobile food unit license is immediately suspended and all operations must immediately discontinue until the owner/operator of the mobile food unit secures the services of an approved commissary and provides another valid Commissary Service Verification form to the Multnomah County Environmental Health Program. This agreement becomes invalid if the commissary or food service establishment does not have a current license.*

**I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto. I certify, as the legal owner of the business named herein, that the information provided is true and correct to the best of my knowledge. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085). All information provided is a matter of public record.**

**Commissary Owners Printed Name:** \_\_\_\_\_

**Commissary Owners Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*\*\*\*\*Office Use Only\*\*\*\*\*

**Commissary Service Approved / Denied by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If denied, assure that a valid Commissary License is obtained**

**County of Commissary License:** \_\_\_\_\_ **Facility #:** \_\_\_\_\_

**Commissary License Verified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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**MOBILE FOOD UNIT ITINERARY  
 AND OPERATING SCHEDULE**

I plan on operating at one location.

Location Address: \_\_\_\_\_  
Number Street City Zip Code

I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate time (and dates, if applicable) you will be at each location. Attach additional sheets if necessary.

Operating Location	Approximate Time (Dates) at Location

If your operating location(s) or route changes, please inform Multnomah County Environmental Health Section (503) 988-3400.



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**APPLICATION FOR LICENSE**

**Commissary, Warehouse, Vending Machine, Mobile Food And Beverage Units**

NAME OF BUSINESS: \_\_\_\_\_ FACILITY #: \_\_\_\_\_  
 OPERATING LOCATION(S) OR ROUTE: \_\_\_\_\_  
 \_\_\_\_\_ ( ) - ( ) -  
 \_\_\_\_\_ Number and Street City Zip Bus. Ph. Number Cell Ph. Number

BUSINESS IS OWNED BY: \_\_\_\_\_ (Individual) \_\_\_\_\_ (Corporation)

BILLING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_ ( ) - ( ) -  
 \_\_\_\_\_ Number and Street City Zip Bus. Ph. Number Cell Ph. Number

NAME OF OPERATOR: \_\_\_\_\_  
 START DATE OF OPERATION (MONTH/YEAR): \_\_\_\_\_  
 HAS THE COMPANY NAME OR MANAGEMENT CHANGED IN PAST YEAR? YES NO  
 LICENSE PLATE #: \_\_\_\_\_ STATE: \_\_\_\_\_ VIN #: \_\_\_\_\_

*Note: oar 333-168-0000 requires licensed food vending business to operate from a licensed commissary, warehouse or other licensed food service facility.*

	# OF UNITS	LICENSE FEE
COMMISSARIES		
WAREHOUSES		
MOBILE UNITS		

VENDING MACHINES	# OF UNITS	LICENSE FEE
* FOOD MERCHANDISERS (SANDWICHES, ETC.)		
* SOFT DRINK MACHINES		
* HOT DRINK MACHINES (COFFEE, COCOA, ETC.)		
* MILK MACHINES (TYPE VENDING MILK ONLY)		
* ICE CREAM MACHINES		

\* ALL OTHER VENDING MACHINES EXCEPT THE ABOVE NOTED TYPES ARE EXEMPT FROM LICENSING

LOCATION OF EACH COMMISSARY \_\_\_\_\_  
 \_\_\_\_\_ Number Street City Zip Code  
 LOCATION OF EACH WAREHOUSE \_\_\_\_\_  
 \_\_\_\_\_ Number Street City Zip Code  
 LOCATION MOBILE UNIT STORED OVERNIGHT \_\_\_\_\_  
 \_\_\_\_\_ Number Street City Zip Code

MAKE CHECK OR MONEY ORDER PAYABLE TO: MULTNOMAH COUNTY ENVIRONMENTAL HEALTH

*All licenses issued under this act shall terminate and be renewable on December 31<sup>st</sup> of each year. It is agreed that i will comply with the provisions of chapter 624, Oregon revised statutes, and the administrative rules of the Oregon department of human services pertaining thereto. License fees are not refundable. All information contained in this record is public. \* Please refer to fee schedule or call our office for information regarding license fee.*

Signature of Applicant (Owner) \_\_\_\_\_ Number and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
**For Office Use Only**

DATE APPLICATION RECEIVED: \_\_\_\_\_ FEE RECEIVED: \$ \_\_\_\_\_ DATE FEE RECEIVED: \_\_\_\_\_

CHECK #: \_\_\_\_\_ CASH  FEE RECEIVED BY: \_\_\_\_\_

REMARKS: \_\_\_\_\_



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## MOBILE FOOD UNIT CHANGE OF OWNERSHIP FORM

Name of Business: \_\_\_\_\_

Name of Operator:        (Individual) \_\_\_\_\_ (Corporation) \_\_\_\_\_

Class of Mobile Unit:    Class I \_\_\_\_\_ Class II \_\_\_\_\_ Class III \_\_\_\_\_ Class IV \_\_\_\_\_

Unit previously licensed in State of Oregon:    Yes \_\_\_\_\_ No \_\_\_\_\_  
(If the unit was not previously licensed in the State of Oregon, a plan review must be submitted)

County mobile unit was licensed in: \_\_\_\_\_

Name of business it was licensed under: \_\_\_\_\_

License or Facility number: \_\_\_\_\_ Year unit was last licensed for: \_\_\_\_\_

Class unit was license for:    Class I \_\_\_\_\_ Class II \_\_\_\_\_ Class III \_\_\_\_\_ Class IV \_\_\_\_\_  
(If the previous license cannot be verified, the mobile unit has been remodeled, or the class of mobile unit is changed, a plan review must be submitted)

List all menu items (including condiments, attach menu if available):

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Where will food be purchased?

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Where will food and/or single use items be stored? (If all items will not be stored on the unit, a warehouse or commissary will be required.)

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Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance? If so, please describe:

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Describe how and where leftover foods will be cooled and stored for next day's use:

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Leftover foods will be:        Discarded daily \_\_\_\_\_ Cooled and stored for next day \_\_\_\_\_

Describe how and where dishes and utensils will be washed:

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Describe how surfaces will be sanitized during operations on unit:

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Name/Address and Location of Commissary (submit signed commissary agreement with application):

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Name/Address and Location of Warehouse (submit a warehouse license fee if the location is not a licensed facility):

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What is the source of water for the potable water tank on the unit?

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How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location:

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Describe how handwashing will be done on unit: (A minimum of five gallons must be provided for handwashing.)

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Describe how garbage will be stored and where it will be thrown away:

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Where is the restroom facility for employees located?

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Describe the type of overhead protection provided for your unit (ceilings, awnings, umbrellas, etc.)?

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Food handler cards are required for all persons working in a mobile food unit, at the commissary or at the warehouse. Multnomah County Environmental Health must approve any changes in menu, structure or operations. This mobile unit and its operations must meet all the requirements applicable to mobile units in the Oregon Revised Statutes, Chapter 624 and the Oregon Administrative Rules, Chapter 333. This mobile unit must meet all local plumbing, electrical, building, fire or other codes that may be required. Health department approval does not imply that your unit meets other agency codes. All information contained in this record is public.

***A pre-opening inspection must be conducted before the mobile unit may operate or for a license to be issued. Please call (503) 988-3400 to make an appointment for an inspection or if you have any questions.***

Mobile unit licensee signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For Office Use Only

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Facility #: \_\_\_\_\_