



MULTNOMAH COUNTY OREGON  
 ENVIRONMENTAL HEALTH SECTION  
 3653 SE 34<sup>th</sup> AVENUE  
 PORTLAND, OR 97202  
 (503) 988-3400; FAX (503) 988-5844  
[www.mchealthinspect.org](http://www.mchealthinspect.org)

## 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: \_\_\_\_\_