



# FOOD SERVICE LICENSE APPLICATION

## MOBILE UNIT, COMMISSARY, WAREHOUSE, VENDING MACHINE

- Mobile Unit – Class: \_\_\_\_\_   
  Commissary   
  Warehouse   
  Vending #Units: \_\_\_\_\_  
 New Construction   
  Remodel  
 Change of Ownership   
 Former establishment name: \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

Sewer System:     Private     Public

Water System:     Private     Public    Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First \_\_\_\_\_ Last: \_\_\_\_\_

- Individual   
 Corporation   
 Partnership   
 Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?  Yes     No

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_ Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_ Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

Primary e-mail for billing/correspondence: \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

The payment of \$ \_\_\_\_\_ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Fee Received: \_\_\_\_\_ Date: \_\_\_\_\_     Cash     Check# \_\_\_\_\_     CC/Debit     Money Order

Inspected by: \_\_\_\_\_     Approved     Not Approved

# NORTH CENTRAL PUBLIC HEALTH DISTRICT

419 East 7<sup>th</sup> Street, The Dalles, OR 97058

Email: [publichealth@ncphd.org](mailto:publichealth@ncphd.org) Phone: 541-506-2603



**Public Health**  
*Prevent. Promote. Protect.*  
**North Central Public Health District**  
*"Caring For Our Communities."*

## Warehouse Application

New     Remodel

**Name of Mobile** the warehouse supports: \_\_\_\_\_

Location: Same as mobile     Yes     No

If no, Warehouse Location: \_\_\_\_\_

Operator Name: \_\_\_\_\_ POD Name: \_\_\_\_\_

When submitting this application, include the following documents:

- Floor plan – drawn to scale showing location of equipment, and food storage locations.
- List of equipment (if applicable)

I am aware that food preparation, assembly, cooking, cooling, dishwashing and ice making aren't allowed in the warehouse.     Yes     No

I am aware that only unopened packaged foods, utensils, single-service articles, cleaning or servicing supplies for the mobile unit are allowed to be stored in the warehouse.     Yes     No

Food preparation - chopping, par-cooking, marinating, etc.     Yes     No

1. What is the Warehouse made of (list materials)

Floor: \_\_\_\_\_

Walls: \_\_\_\_\_

Ceiling: \_\_\_\_\_

Doors: \_\_\_\_\_

Windows: \_\_\_\_\_

Shelving: \_\_\_\_\_

2. How will you secure the warehouse: \_\_\_\_\_

3. How will you control for pests: \_\_\_\_\_

4. What will be stored in the warehouse? List all food, single-use items, chemicals and equipment (Attach a list of any additional items): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Will there be refrigerators and/or freezers in the warehouse Yes No  
If yes, list the make/model of each, number of units, and power source (i.e. electric, generator, etc.)

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6. If applicable, do you have thermometers inside each refrigerator: Yes No

7. If chemicals are stored in the warehouse, how will you separate them from foods to avoid cross-contamination? \_\_\_\_\_

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**Statement:** I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

*Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law, or regulation that may be required – federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment).*

*Violations of OAR 333- may result in denial, suspension or revocation of your license. Closure of the facility may result from uncorrected violations. You may obtain a hearing for any denial, suspension, revocation or closure of contacting the licensing agency ORS 183*

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## COMMISSARY/WAREHOUSE USAGE AGREEMENT

The following licensed food service establishment, known as \_\_\_\_\_,  
located at \_\_\_\_\_,

hereby agrees to provide access to their facility to \_\_\_\_\_  
mobile food unit for use as a commissary or warehouse. This commissary is to be used for all preparation  
and/or storage of food items, dishwashing, unit servicing or any other purposes as required by the local  
public health authority. This warehouse is to be used for storage of commercially packaged products only.

This agreement between the above-mentioned two parties is valid for the current licensing year only and  
must be renewed after that date. **However, if this agreement is terminated, the mobile food unit  
must immediately cease operations until another commissary or warehouse agreement is  
secured and provided to the health department.** This agreement becomes void if the food service  
establishment does not have a current license to operate.

Signed By

**Restaurant Owner** (Print): \_\_\_\_\_ Phone \_\_\_\_\_

Signature

Date

**Mobile Food Unit Owner** (Print): \_\_\_\_\_

Signature

Date

For NCPHD Office Use Only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_