

Department of Health and Human Services
Environmental Health Program
 155 N. First Ave, MS 5, Suite 170
 Hillsboro, OR 97124
 Telephone: 503-846-8722 Fax: 503-846-3705
 WashCoFoodSafety.com



MOBILE FOOD UNIT PLAN REVIEW APPLICATION

This box is for office use only:		Facility #:		Mobile Food Unit Name:	
Mobile Food Unit Address (include city, state, zip):					
Mailing Address: (include city, state, zip)					
Phone:		Fax:		E-mail:	
New Mobile Food Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No			Mobile Food Unit licensed previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, previous business name:			Date of last operation for previous owner:		
Owner Name:					
Owner Address (include city, state, zip):					
Phone:			Cell:		
E-mail:			Business Start Date:		
CONSTRUCTION INFORMATION					
Construction: <input type="checkbox"/> New <input type="checkbox"/> Major Remodel <input type="checkbox"/> Minor Remodel		Completion Date:			
Water Source:			Sewage Disposal Location:		
Check One: <input type="checkbox"/> Class I <input type="checkbox"/> Class II <input type="checkbox"/> Class III <input type="checkbox"/> Class IV					
Construction Contact:					
Contact Address (include city, state, zip):					
Phone:		Cell:		E-mail:	
Plan review should be sent to (check all that apply): <input type="checkbox"/> Owner <input type="checkbox"/> Construction Contact					
MOBILE FOOD UNIT VEHICLE INFORMATION					
Vehicle Identification Number (VIN):			License Plate:		
COMMISSARY INFORMATION					
This box is for office use only:		Commissary Facility #:			
		Commissary Name:			
Address: (include city, state, zip)					
Oregon Administrative Rules require that plans for new or extensively remodeled mobile food units be submitted to the local public health authority for review and approval prior to construction. The local public health authority must conduct an inspection of the food service establishment to assure food safety standards are met prior to the start of the establishment's operation or the use of a remodeled area. Note: Fee must accompany this application.					
Mail application and check or money order payable to: Washington County Environmental Health					
License Applicant Signature:					
Print Name:				Date:	
DO NOT WRITE IN THE SPACE BELOW					
Fee Received:		Ck/MO #:		Receipt #:	
Received by:		Date:		Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks:					