



APPLICATION FOR LICENSE
Commissary, Vending Machine, Warehouse, and Mobile Food Units

Establishment name: Establishment #:

Exact location of business:

Previously licensed? YES NO If yes, under what name?

Owner name: Operator name:

Mailing address:

Phone #: Business started (Month & Year):

Name & location of other establishments owned by you?

NOTE: OAR 333-150-0000 May require you to operate from a licensed commissary, warehouse or other licensed food service facility. License fees for vending machines are based on the number of machines.

Use fee schedule for the following and if more space is required, please use reverse side.

Commissary: Fee: Mobile Unit class: Fee:
Warehouse: Fee: Vending machine: Fee: # units:

License fee enclosed: check money order Amount: \$ Make check or money order payable to:

NOTE: All licenses expire on December 31st of each year. Please call your local county office if you have questions about your license, fees, facility inspections or how to obtain a Food Handling Certificate.

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.

Signature of applicant: Date: Phone #:

Do not write in this space

Date application received: Date license issued:

Approval signature: Not approved:

Remarks: