



MULTNOMAH COUNTY OREGON
ENVIRONMENTAL HEALTH SECTION
3653 SE 34th AVENUE
PORTLAND, OR 97202
(503) 988-3400; FAX (503) 988-5844
www.mchealthinspect.org

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):

Where will food be purchased?

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.)

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

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

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

Describe how and where dishes and utensils will be washed:

Describe how surfaces will be sanitized during operations on unit:

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

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

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

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

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

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

Where is the restroom facility for employees located?

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

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 #: _____