



**APPLICATION FOR LICENSE
COMMISSARY, WAREHOUSE, VENDING OPERATIONS,
MOBILE UNITS, and PUSHCARTS**

MARION COUNTY
ENVIRONMENTAL HEALTH
PH: 503-588-5346 FAX: 503-566-2986

ALL INFORMATION MUST BE LEGIBLE AND COMPLETE IN ORDER TO ISSUE A LICENSE

Name of Legal Owner(s):		CLASS:
Name on Pushcart/Mobile Unit (LOGO):		
Phone:	Operation will be: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	
Mailing Address:	City, State, Zip:	
Commenced Business (Month & Year):	DMV License Plate #:	
Previous Owner/Company Name:		

Check Applicable Box	Fee	Normal Daily Route
<input type="checkbox"/> Mobile Unit		
<input type="checkbox"/> Commissary		
<input type="checkbox"/> Warehouse		
<input type="checkbox"/> Vending: (# of machines)		

OAR 333-162-0920 requires that a completed plan review packet be submitted and reviewed before the mobile unit can be issued a license and approved to operate. Incomplete plans may be returned for additional information.

Name of Commissary/Warehouse:

Address of Commissary/Warehouse:

All licenses issued under this Act shall be renewable on DECEMBER 31st 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.

**MAKE CHECKS PAYABLE TO:
MARION COUNTY ENVIRONMENTAL HEALTH
3180 Center St NE #2274
Salem, OR 97301**

Signature of Applicant/Owner:	Date:
Address:	Phone:

DO NOT WRITE IN THIS SPACE

Date Application Received: _____ Fee Received: _____ Receipt #: _____
Approved by: _____ Date: _____