Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Dr., Bend OR 97701

PHONE: (541) 322-7400
FAX: (541) 322-7604

APPLICATION FOR LICENSE
COMMISSARY, MOBILE UNIT, WAREHOUSE, OR VENDING MACHINE

Check One

☐ Commissary ☐ Mobile Unit ☐ Warehouse ☐ Vending Machines: Number of Units_____

Please Print

Establishment Name _____

Physical Address of business _____
Street and Number City State

Establishment mailing address _____
Street and Number City State Zip

Establishment telephone _____ Establishment E-mail _____

Previously Licensed? ☐Yes ☐ No If yes, under what name _____

Owner Name _____ Owner E-mail _____

Owner Mailing Address _____
Street and Number City State Zip

Owner Telephone (_____)_____

Operator Name _____ Operator E-mail _____

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. If so, according to the State of Oregon Attorney General, you are now required to purchase a separate license for your use of that 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 _____

Mail Application and License Fee of $ _____
in check or Money Order payable to:

Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Drive
Bend, OR 97701

NOTE: <u>All licenses expire on December 31st of each year.</u> <u>In the event of transfer of ownership, the new owner must immediately secure a new license</u>. Please call this office if you have questions about your license, fees, facility inspections or how to obtain a Food Handler's Certificate. You can take your Food Handler's test online by going to: http://www.orfoodhandlers.com/

I AGREE TO COMPLY WITH THE PROVISIONS OF CHAPTER 624, OREGON REVISED STATUTES, AND THE ADMINISTRATIVE RULES OF THE OREGON STATE HEALTH DIVISION PERTAINING THERETO.

- I attest that the above information provided on this form is accurate.

_____ _____
Applicant Signature **Date**

For Office Use Only

Receipt #: _____ Initials: _____ Computer ID #: _____