

Tillamook County

MOBILE UNIT LICENSE APPLICATION

Type of Facility: ☐ Mobile Unit ☐ Commissary ☐ Warehouse

Application for: ☐ New Construction ☐ Remodel ☐ New Owner ☐ Update Information

FACILITY / INSPECTION INFO

Trade Name of the Business <i>(name customers will see)</i>		
Business Address <i>(number and street address of the location that will have the license)</i>		
City	State	Zip
Phone # of the Business Location	Email Contact(s) for this Location <i>(for inspections)</i>	
Contact Person(s) for this Location <i>(for inspections)</i>		Contact Person(s) Phone Numbers(s) <i>(for inspections)</i>
Operating Days/Hours of this Location		Proposed Opening Date
Commissary/Warehouse Address <i>(if applicable)</i>		Commissary/Warehouse City/State/Zip
Was this Location previously licensed by Tillamook CHC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Location's Former Name		Date Location Closed <i>(or new owner took over)</i>

OWNER LICENSE / BILLING INFO

Entity <i>(corporation, LLC, etc.) or Individual Applying for License</i>		
License/Billing Contact Name <i>(the person we will contact RE: licensing/billing)</i>		
Billing Address <i>(mailing address of the location that will receive billing and license information)</i>		
City	State	Zip
Primary Phone # of the License/Billing Contact		Alternate Phone # of the License/Billing Contact
Email for the License/Billing Contact		
Alternate Contact Name <i>(for billing and licensing)</i>		
Primary Phone # of the Alternate Contact	Email for the Alternate Contact	
Other Facilities Owned by Applicant <i>(currently or previously licensed by TCCHC)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Name of Other Facility/Facilities		

It is the responsibility of the applicant to meet the requirements of all the agencies with jurisdiction over this food and/or beverage establishment prior to opening. This may include, but is not limited to: zoning, plumbing, electrical, building, planning, sewer and water, fire marshal, FOG program for grease interceptors, utilities, public works, ODOT, OLCC, and/or Oregon-OSHA.

Business Owners (including Mobile Units and restaurants) are required to annually file [business personal property returns](https://www.co.tillamook.or.us/assessment/page/business-personal-property-returns) (<https://www.co.tillamook.or.us/assessment/page/business-personal-property-returns>) and may be taxed. Please contact the Assessor's office for more information.

Check with the local city you wish to operate in and Community Development for permitting requirements. A sign-off will be required in order to be approved.

ALL FEES ARE NON-REFUNDABLE

PLEASE CHECK ALL THAT APPLY:

- | | | | |
|-----------------------------------------------------------|----------|--------------------------------------------|----------|
| <input type="checkbox"/> MOBILE UNIT (Class 1, 2, 3)..... | \$308.98 | <input type="checkbox"/> COMMISSARY | \$306.41 |
| <input type="checkbox"/> MOBILE UNIT (Class 4)..... | \$365.00 | <input type="checkbox"/> WAREHOUSE | \$212.79 |
| | | <input type="checkbox"/> PLAN REVIEW | \$250.00 |

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Department of Human Services pursuant thereto. Payment of designated license fee (**nonrefundable**) is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Department of Human Services requires denial or revocation of the license. Applicants must meet all requirements of local Zoning, Fire, Planning, and Building departments prior to licensure. **Licenses are nontransferable.** *All information provided is a matter of Public record.*

Applicant Signature: _____ Date: _____

Mail application & check payable to:
TCCHC Env. Health
PO Box 489
Tillamook, OR 97141

OR

Email or Fax application & pay with
MasterCard or Visa over the phone:
allison.garcia@tillamookcounty.gov
Fax: 503-842-3983
Phone: 503-842-3943

*If submitted electronically, application **MUST BE IN PDF  FORMAT** – JPG/other image formats will not be accepted*

MOBILE FOOD UNIT APPLICATION PACKET

Please submit the following documentation with your application along with the appropriate fees to Tillamook County Environmental Health. **Approval must be obtained prior to construction or operation of your unit.**

THIS APPLICATION EXPIRES ONE YEAR FROM DATE OF APPROVAL

- ☐ Mobile Unit License Application Form
- ☐ Plan Review Signature Page
- ☐ Complete Menu: A printed menu or list of all food you will serve
- ☐ List of Finishes (see table for examples)
- ☐ Floor Plan/Equipment Layout
 - Complete plans of the unit drawn to scale, including floor plan, equipment location, and plumbing fixtures
 - Handwashing sink(s)
 - Three-compartment sink with drain boards; **Sink compartments shall be large enough to accommodate immersion of the largest equipment and utensils** – include dimensions (L x W x D) of interior of sink basin.
 - Indirect drain for three-compartment sink
 - Food preparation sink (if applicable)
 - Water pump and hot water heater
 - All specification sheets for equipment in unit, including, but not limited to: (a) Type/model of refrigeration and freezer equipment, (b) Cooking equipment, (c) Hood vent, etc.
 - Fresh water tank: size (L x W x D) and location
 - Wastewater tank: size (L x W x D) and location
- ☐ Food Handling Procedures
- ☐ Three-Compartment Sink Dimensions
- ☐ Fresh Water Tank Dimensions
- ☐ Wastewater Tank Dimensions
- ☐ Operating Location/Schedule
- ☐ Wastewater Disposal Form (if needed)
- ☐ Restroom Agreement Form (if needed)
- ☐ Commissary/Warehouse usage agreement form (if needed)
- ☐ Cooling Plan and Logs (if needed)

GENERAL GUIDELINES

- The mechanical pump must be at least 20 psi and be automatic; no flip switches.
- There must be free-running hot and cold water. Make sure hot water is adequate and no leaking from the pipes, fixtures, or tanks.
- Hand sink hot water must be at least 100°F and have stainless steel splash guards. Label the hand sink “hand wash sink.”
- Hot water at the 3-compartment sink must be at least 110°F. The compartments need to be labeled “wash,” “rinse,” “sanitize.”

The following table provides acceptable finishes for floors, walls, and ceilings by area:

Area	Floor	Wall	Ceiling
Cooking	Quarry tile; vinyl composition tile (VCT); poured epoxy	Stainless steel; aluminum; ceramic tile	Vinyl-wrapped acoustical ceiling tile (ACT); vinyl-roc; epoxy painted drywall
Food prep	Same as above	Same as above plus fiberglass reinforced panels (FRP); epoxy painted drywall; filled block and epoxy painted drywall; glazed surface	Same as above
Bar	Same as above	Same as above for areas behind sinks	Same as above
Food storage	Same as above	Same as above	Vinyl-wrapped ACT, epoxy painted drywall
Toilet room/dressing room	Quarry tile; sealed, poured, seamless concrete; VCT; poured epoxy	FRP; epoxy painted drywall; filled block and epoxy painted drywall; glazed	Vinyl-wrapped ACT; vinyl-roc; epoxy painted drywall
Garbage and refuse area - interior	Same as above	Same as above	Same as above
Mop/Service sink area	Quarry tile; poured, seamless, sealed concrete	Stainless steel; FRP, filled block, glazed surface, tile	Same as above
Warewashing area	Quarry tile; VCT; poured epoxy	Same as above	Same as above

General Requirements and Limitations

Mobile Unit: A mobile food unit is defined in OAR 333-150-0000, 1-201.10 as "...any vehicle that is self-propelled or that can be pulled or pushed down a sidewalk, street, highway or waterway, on which food is prepared, processed or converted or which is used in selling and dispensing food to the ultimate consumer."

Classifications: There are four types of mobile food units. The mobile food unit classifications are based upon the type of **menu served**. Failure to obtain approval for a menu change after it has initially been approved may result in closure of your unit.

CLASS I - These units can serve only intact, packaged foods and non-potentially hazardous drinks. No preparation or assembly of foods or beverages may take place on the unit. Non-potentially hazardous beverages must be provided from covered urns or dispenser heads only. No dispensed ice is allowed.

CLASS II - These units may dispense unpackaged foods. However, no cooking, preparation or assembly of foods is allowed on the unit. No self-service by customers is allowed.

CLASS III - These units may cook, prepare and assemble food items. However, cooking of raw animal foods on the unit is not allowed.

CLASS IV - These units may serve a full menu.

Maintained as Approved: Mobile food units must be maintained and operated as originally designed and approved. Units that have been modified without approval must revert to the approved design and operation. OAR 333-162-0020

Wheels: Mobile food units must remain mobile at all times. The wheels of a mobile food unit must be functional and appropriate for the type of unit and may not be removed at the operating location. OAR 333-162-0030

Designed in One Piece: Mobile food units must be designed and constructed to move as a single piece. Mobile food units may not be designed to be assembled at the operating location. See OAR 333-162-0020 for exceptions.

Integral: All operations and equipment must be integral to the mobile food unit. Integral means rigidly and physically attached to the unit without restricting the mobility of the unit while in transit. The following exceptions are allowed:

Auxiliary Storage: A mobile unit may provide auxiliary storage outside the unit to support daily operations if:

- Items are limited to what is necessary for that day's operation.
- At the end of the workday, auxiliary storage must be placed in the unit, in a licensed warehouse or at a licensed commissary.
- No self-service, assembly or preparation activities may occur from auxiliary storage containers.
- Refrigerators and freezers may not be placed outside the mobile food unit for use as auxiliary storage and must be located in the unit, in a licensed warehouse or at a licensed commissary.

Shelves and Tables: Mobile food units may use small folding shelves or tables that are integral to the unit to display non-potentially hazardous condiments and customer single-use articles such as napkins and plastic utensils. OAR 333-162-0020

Non-PHF Display: Mobile food units may display commercially packaged, non-potentially hazardous food items, such as cans of soda or bags of chips, off the unit if limited to what can be served or sold during a typical meal period. OAR 333-162-0020

Cooking Units: Class IV mobile food units may use one cooking unit, such as a BBQ or pizza oven, that is not integral to the unit. The cooking unit may not be a flat top grill, griddle, wok, steamtable, stovetop, oven or similar cooking device. The cooking unit must be able to move with the unit. OAR 333-162-0020

Exterior Protection: Mobile food units must be secured and protected from contamination when not in operation. OAR 333-162-0680

Water and Sewer Capacity: Mobile food units must be designed with integral water and sewer tanks on the unit. A mobile food unit may connect to water and sewer if it is available at the operating location, however tanks must always remain on the unit. A unit cannot connect directly to fresh water without a direct connection to sewer as well. OAR 333-150-0000, Section 5-305.11

Restroom Distance: If a unit is parked in the same location for more than two hours, a restroom must be provided that is located within 500 feet of the unit. OAR 333-150-0000, Section 6-402.11

Seating: Mobile food unit operators may provide seating for customers if a readily accessible restroom and sufficient refuse containers with lids or covers are provided. OAR 333-162-0020

Warehouse: A warehouse may be used for storage of only **unopened packaged foods**, single service articles, utensils and equipment. Activities such as handling of unpackaged food, dishwashing and ice making are prohibited in a warehouse. OAR 333-162-0940

Commissary: A commissary is a place in which food, beverage, ingredients, containers, or supplies are kept, handled, packaged, or stored.

A mobile food unit may **not** serve as a commissary for another mobile food unit or as the base of operation for a caterer. OAR 333-162-0040

A mobile food unit is required to operate from a licensed commissary or warehouse unless the unit contains all the equipment and utensils necessary to assure the following:

- (a) Maintaining proper hot and cold food temperatures during storage and transit;
- (b) Providing adequate facilities for cooling and reheating of foods;
- (c) Providing adequate handwashing facilities;
- (d) Providing adequate warewashing facilities and assuring proper cleaning and sanitizing of the unit;
- (e) Obtaining food and water from approved sources;
- (f) Sanitary removal of waste water and garbage at approved locations.

Catering and Delivery: A mobile food unit may not provide catering services unless:

- 1) The unit operates from a licensed commissary that's capable of handling the menu; or
- 2) The unit has commercial-grade refrigeration equipment, has obtained a variance from the Oregon Health Authority, and uses only single-use articles for service to customers. OAR 333-162-0030

Finally, while this document contains some detailed information about the rules for the construction and operation of mobile food units, it does not contain all the requirements for your unit. Please refer to the Food Sanitation Rules www.healthoregon.org/foodsafety.

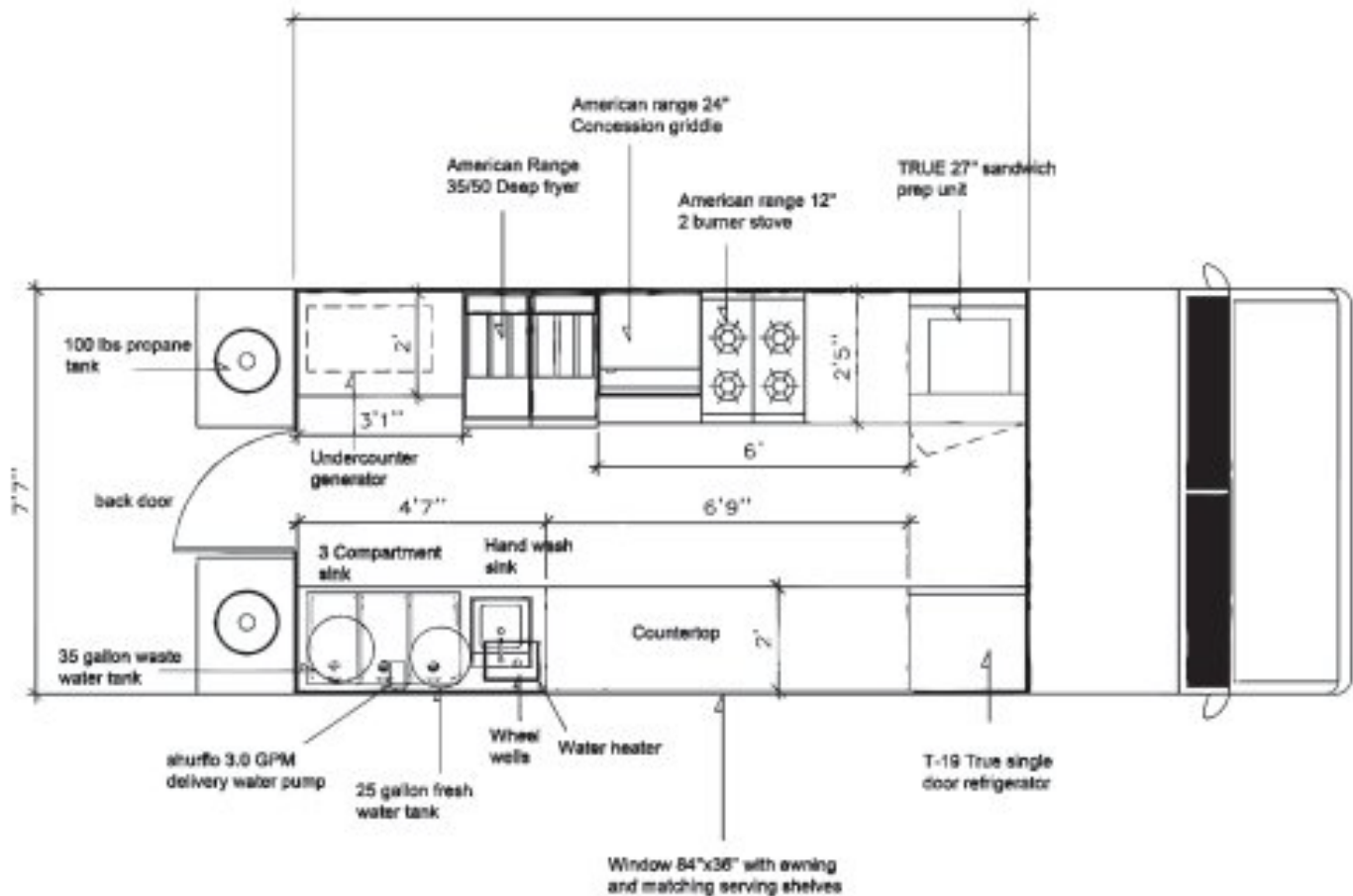
Requirements	Class I	Class II	Class III	Class IV
Water Supply Required	No	Yes	Yes	Yes
Handwashing System Required	No	Yes ¹	Yes ¹	Yes ¹
Dishwashing Sinks Required	No	No ²	Yes – Or Licensed Commissary ²	Yes ²
Assembly or Preparation Allowed	No	No	Yes	Yes
Cooking Allowed	No	No	Yes ³	Yes
Off-Unit Cooking Operation Allowed	No	No	No	Yes
Restroom Required	Yes	Yes	Yes	Yes
Examples	Prepackaged Sandwiches/ Dispensed Soda	Service of Unpackaged Food Items	Espresso/ Hot Dogs	No Menu Limitation

¹The handwashing system must be plumbed to provide hot and cold or tempered running water and a minimum of 5 gallons of water must be dedicated for handwashing.

²**If provided, must have a minimum of 30 gallons of water for dishwashing or twice the capacity of the three compartment sinks, whichever is greater.**

³May only cook foods that are not potentially hazardous when raw (rice, pasta, etc.). Animal foods must be pre-cooked.

***FLOOR PLAN LAYOUT EXAMPLE:**



Note: Your floor plan does not need to be an engineer's copy, but it must have all the required information from Tables 2-8 clearly shown.

Please draw your facility plans here –
does not need to be to scale

A floor plan shall be submitted with the initial application and/or when a facility is being constructed or remodeled. The floor plan shall show dimensions of all rooms to be used (length and width), the planned use of each room, the placement and number of toilets and handwashing sinks, and the location of the fixtures and plumbing in the kitchen. If the facility is located within or attached to a building used for purposes other than child care, the floor plan shall describe the other activities which are carried out in adjoining rooms or buildings.

Food Handling

Procedures	Yes / No	If Yes, Where Will Procedure Take Place	
		Mobile	Commissary
Washing fruits and/or vegetables	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Thawing frozen foods ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Food preparation - chopping, par-cooking, marinating, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cooking food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cooling food ²	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reheating food	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Refrigeration (cold holding) of foods	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Steam table or other way of hot holding food	<input type="checkbox"/> Yes <input type="checkbox"/> No		

¹How you will thaw frozen foods:

²If cooling foods, one of the below processes must be in place. Please choose option a, b or c below:

- a. ☐ I have a licensed commissary where I will be cooling foods; or
- b. ☐ I will be using a commercial refrigeration unit(s) on the mobile unit; or
- c. ☐ I am providing a written cooling procedure accompanied by cooling logs for approval. To do this option, you must provide a written procedure for each food item you will be cooling with your packet.

Describe how foods will be rapidly cooled:

Will raw or undercooked animal products be served? ☐ Yes ☐ No If yes, list the specific animal products that will be served raw or undercooked (example: eggs, ground beef):

Explain other procedures that you will be doing that have not been listed previously:

Are windows and/or doors screened: ☐ Yes ☐ No If no, how will you control for pest problems?
(Attach your procedures for pest control)

Note: Mobile food units newly licensed in Oregon may not utilize cold plates that do not have an associated power source, such as a battery, generator, or propane tank, as the sole means for temperature control.
OAR 333-162-0880

What type of ventilation system do you have? ☐ Commercial ☐ Commercial w/ suppression

If other system, please describe:

Three-Compartment Sinks/Dishwashing

Sink compartments shall be large enough to accommodate immersion of the largest equipment and utensils. Provide interior of sink basins dimensions in inches – **length x width x depth**

Dimensions of Interior of Sink Basins			How many drain boards
Length (L)	Width (W)	Depth (D)	

Where will washing of equipment and utensils take place:

☐ Mobile unit three-compartment sink¹

☐ Licensed Restaurant or Commissary

¹Provide L x W x D for the interior basins of the three-compartment sink. Provide separate measurements of each sink basin if they are different sizes.

To determine the minimum amount of water that must be dedicated for dishwashing purposes, you need to calculate the volume of your three-compartment sink. Measure the inside of the three-compartment sink basin in inches, then multiply Length x Depth x Width = ____/231 x 6 = ____ gal. This is the minimum amount of water that must be provided for dishwashing. **An additional 5 gallons is required for handwashing.**

For example: If sinks are 10 x 10 x 14/231 x 6 = 36 gallons.

Total Needed = DW + HW

- If equipment is pulling water from the freshwater tank (i.e., ice machine, prep sink, espresso machine, dishwasher, etc.), you will need to increase the capacity of the freshwater tank by at least 5 gallons.
- The wastewater tank must be at least 15% larger in volume than the freshwater tank.
- The freshwater and wastewater tanks must be an integral part of your mobile.
- Mobile units serving only beverages such as coffee, espresso, or soda where most of the water supply is sold as product must have a wastewater tank at least half the volume of the total fresh water supply.

Indirect plumbing on three-compartment sink, ice machine, prep sink, espresso machine, dishwasher, etc.

☐ Yes ☐ No

Note: All sinks must provide water under pressure of a least 20 PSI. Gravity fed is not allowed.

OAR 333-150-0000, 5-203.11

Fresh Water Tank – Must Be Transparent

Dimensions of Fresh Water Tank (in inches)

Length (L)	Width (W)	Depth (D)	Capacity in gallons (L x W x D ÷ 231)

* Capacity must be equal to or more than the Total Needed amount calculated above.

Wastewater Tank – Must be 15% Greater than Fresh Water Tank

Dimensions of Wastewater Tank (in inches)

Length (L)	Width (W)	Depth (D)	Capacity in gallons ¹ (L x W x D ÷ 231)

How will the wastewater be removed and where will it be disposed from your wastewater tank?
(Operators may only hand-carry 20 gallons of wastewater by law.)

Does liquid producing equipment (ex: espresso machine, ice machine) drain indirectly into the wastewater tank? ☐ Yes ☐ No If yes, list equipment:

Operating Location/Schedule

Name of your mobile unit:

☐ I plan to operate at one location

☐ I plan to operate at multiple locations

Operating Location – Address, City, Zip Code:



SANITIZING YOUR MOBILE FOOD UNIT'S FRESH WATER SYSTEM

Your water system requires ongoing care and preventative maintenance to ensure that each component remains clean and functioning so the entire system can deliver a consistent flow of fresh and safe water.

5-304.15 Water Tank Cleaning

(A) The potable water tanks of a mobile food unit shall be designed to be accessible and translucent so that the cleanliness can be determined through a visual inspection. Mobile food units licensed prior to February 1, 2020 do not have to meet this requirement.

(B) The potable and waste water tanks must be cleaned at least every six months or as recommended by the manufacturer.

Note: Always check the manufacturer's specifications or instructions for specific guidance on sanitizing your freshwater system, otherwise consider disinfecting the freshwater system as follows:

1. Use one of the following methods to determine the amount of common household bleach needed to sanitize the tank. (Follow any safety precautions printed on the label of the bleach container.)
 - A. Multiply Tank Gallon Capacity by 0.13; the result is the ounces of bleach needed to sanitize the tank. For example, 60-gallon tank = 7.8 ounces of bleach
 - B. Multiply Tank Liter Capacity by 1.0; the result is the ml of bleach needed to sanitize tank. For example, 200-liter tank = 200 milliliters of bleach
2. Mix the bleach with water in a pourable container such as a gallon jug. If the tank is filled through a pressurized fitting, carefully pour the bleach into the hose before attaching the hose to the city water entry. **Warning – do not mix bleach with ammonia.**
3. Pour the bleach solution into the tank and fill the tank with fresh water.
4. Open ALL faucets (hot and cold) allowing the water to run until the odor of bleach is detected. Now the freshwater system must sit to let the disinfectant work. The freshwater system must have four (4) hours of contact time to disinfect completely. Doubling the solution concentration allows for a shorter contact time of one (1) hour.
5. When the contact time is completed, drain the tank. Refill the tank and flush the freshwater system once or twice until the bleach odor has decreased. The residual bleach odor and taste is not harmful if the correct concentration for the size of the tank was used as directed in step 1.

WASTEWATER DISPOSAL AGREEMENT

The following licensed mobile unit, known as _____, located at _____, hereby agrees to dispose of their wastewater properly on site to an approved wastewater system or by using a licensed wastewater hauler.

1) If disposing on site, explain how this will be done correctly: _____, or

2) If using a wastewater hauler, please list:
Name of Licensed Wastewater Hauler: _____
Phone #: _____
Department of Environmental Quality registration #: _____, or

3) If hand carrying waste, it must be to a specific disposal location approved by the local regulatory authority and cannot be transported in more than 20 gallons at a time. Explain how this will be done correctly: _____

This agreement is valid for the current licensing year only and must be renewed after that date. **If this agreement is terminated, the mobile food unit must immediately cease operations until another Wastewater Disposal Agreement is secured and provided to the Health Department.** This agreement becomes void if the food service establishment does not have a current license to operate.

Please keep receipts from the hauler available to show during inspections. To find out if your wastewater hauler is licensed, please contact the Oregon Department of Environmental Quality.

Signed by:

Hauler Representative (Print): _____

Signature (or attach copy of contract with hauler) Date

Mobile Food Unit Owner (Print): _____

Signature Date

For office use only:

Approved by: _____ Date: _____

RESTROOM USAGE AGREEMENT

The following licensed mobile unit, known as _____, located at _____, hereby agrees to use/provide restrooms for employee and/or customer use if operating in one location for more than two hours. Mobile food units first licensed on or after February 1, 2020 must be located within 500 feet of an accessible restroom with a handwashing system that meets Food Sanitation Rule requirements. This restroom must be accessible for employee/customer use during all hours the unit is in operation per OAR 333-150-0000, 6-402.11(E).

Restroom location/Facility name: _____

Hours the restroom is available for use: _____

Hours the mobile unit is in operation at this location: _____

This agreement is valid for the current licensing year only and must be renewed after that date. **If this agreement is terminated, the mobile food unit must immediately cease operations until another Restroom Usage Agreement is secured and provided to the health department.** This agreement becomes void if the food service establishment does not have a current license to operate.

Signed by:

Operator Allowing Restroom Use (Print): _____

Signature

Date

Mobile Food Unit Owner (Print): _____

Signature

Date

For office use only:

Approved by: _____

Date: _____

COMMISSARY/WAREHOUSE USAGE AGREEMENT

The following licensed food service establishment, known as _____,
located at _____,
hereby agrees to provide access to their facility to _____
mobile food unit for use as a commissary or warehouse. This commissary is to be used for all
preparation and/or storage of food items, dishwashing, unit servicing or any other purposes as
required by the local public health authority. This warehouse is to be used for storage of
commercially packaged products only.

This agreement between the above-mentioned two parties is valid for the current licensing year
only and must be renewed after that date. **However, if this agreement is terminated, the mobile
food unit must immediately cease operations until another commissary or warehouse
agreement is secured and provided to the health department.** This agreement becomes void if
the food service establishment does not have a current license to operate.

Signed by:

Restaurant Owner (Print): _____

Signature Date

Mobile Food Unit Owner (Print): _____

Signature Date

For office use only:

Approved by: _____ Date: _____