



# COMMISSARY LICENSE APPLICATION

Pre-existing Restaurant                       New Construction (*plan review required*)

**Establishment Name:** \_\_\_\_\_ - Commissary  
*(Name of Mobile Unit or Vending Machine Company)*

**Restaurant Address:** \_\_\_\_\_

**Name of licensed restaurant:** \_\_\_\_\_

Water System:             Private (*private well*)             Public: \_\_\_\_\_

Sewer System:             Private (*private septic*)             Public: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_                      Establishment email: \_\_\_\_\_

**Owner Name:** \_\_\_\_\_             Individual             Corporation             Partnership

Do you own other establishments licensed by our office?             Yes     No

If yes, list the establishment name(s): \_\_\_\_\_

Owner Billing/Mailing Address: \_\_\_\_\_

Owner email: \_\_\_\_\_                      Owner Phone: \_\_\_\_\_

**Operating Questions:**

Days/times the commissary kitchen will be used: \_\_\_\_\_

What will the commissary kitchen be used for? (check all that apply):

<input type="checkbox"/> Food preparation (cooking, reheating, cooling, cutting food, etc)	<input type="checkbox"/> Food/equipment storage
<i>List the food items:</i> _____	
_____	
<input type="checkbox"/> Dishwashing – Mobile unit operator will wash their own dishes	<input type="checkbox"/> Catering
<input type="checkbox"/> Dishwashing – Restaurant staff will wash dishes for the mobile unit	
<input type="checkbox"/> Other: _____	

**If sharing a restaurant space:**

- What space will be made available for the activities mentioned above? \_\_\_\_\_
- \_\_\_\_\_
- How will your food and equipment be stored to avoid contamination with the restaurant’s items? \_\_\_\_\_
- \_\_\_\_\_

If the owner of the mobile unit or vending machine company is **NOT** the owner of the licensed kitchen, then you must complete a **Commissary Agreement Form** (see page 2).

All licenses issued under this Act shall be renewable on **DECEMBER 31<sup>st</sup>** of EACH YEAR. I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules, Chapter 333, of the Oregon Health Authority pertaining thereto. Furthermore, I attest that the information provided on this form is accurate.

Applicant’s Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

**For Office Use**

Fee Received: \$	Date:	Receipt #:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:	Inspected By:



# COMMISSARY AGREEMENT

The following licensed food service establishment, known as \_\_\_\_\_,  
*(Name of Restaurant)*

located at \_\_\_\_\_,  
*(Restaurant Address, City, Zip-code)*

hereby agrees to provide access to their facility for usage as a commissary kitchen to

\_\_\_\_\_. This commissary will be used for the following activities  
*(Name of Mobile Unit)*

*(check all that apply):*

<input type="checkbox"/> Food Preparation (cooking, reheating, cooling, cutting, etc)	
<input type="checkbox"/> Food Storage (dry goods, refrigerator/freezer use, etc)	<input type="checkbox"/> Catering
<input type="checkbox"/> Dishwashing - Mobile Unit operator will wash their own dishes	
<input type="checkbox"/> Dishwashing - Restaurant staff will wash dishes for the Mobile Unit	
<input type="checkbox"/> Other: _____	

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:

1 **Restaurant Owner** (Print): \_\_\_\_\_

Signature

Date

2 **Mobile Food Unit Owner** (Print): \_\_\_\_\_

Signature

Date

For office use only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_