

LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM

PO Box 100, 315 SW 4TH AVE, 2ND FLOOR, ALBANY, OR 97321

PHONE (541) 967-3821 FAX (541) 924-6904

http://www.co.linn.or.us/health/eh/eh.htm



Date Notice Received: _____

NOTICE OF MOBILE UNIT MOVEMENT

Oregon Revised Statutes 624.320 requires that when a mobile unit is moved to a county other than the county that licensed the mobile unit, the mobile unit operator must notify the health department for the county to which the mobile unit is moved prior to operating the mobile unit within that county.

The inspector may inspect your mobile unit and charge you a \$25.00 inspection fee, or require that you obtain a temporary restaurant license if you are operating outside of the requirements set by the county you are licensed in.

If you are operating at an organized event in Linn County, please complete the following:

Event Name _____

Event Location/Address _____ Event Coordinator _____

Event Date(s) _____ Nonprofit tax ID No. _____ (required for benevolent organization).

1. Applicant Name: _____ Day Phone (____) _____

Applicant Mailing Address: _____ City _____ State _____ Zip _____

Date(s) of Operation _____ Hours of Operation _____

Person in Charge of Operation: _____ Day Phone: (____) _____

Complete section 2 or provide a copy of your current Mobile Unit License:

2. Name of Mobile Unit Business: _____

Name of Individual or Corporation Mobile Unit is Licensed to: _____

Name of County where Mobile Unit is Licensed: _____

License Number and Date of License Expiration: _____

3. **Operating Dates, Times, and Locations in Linn for Current Calendar Year**

If operating at a fixed location, complete section below:

I plan on operating at one location.

Location Address: _____

Operating schedule (days and times): _____

If operating at multiple locations, complete section below

I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate time (and dates, if applicable) you will be at each location. Attach additional sheets if necessary.

Event Name	Operating Location	Operating Dates and Times

Return completed form to: Linn County Environmental Health Program
P. O. Box 100
315 SW 4th Ave, 2nd Floor
Albany, OR 97321

If your operating location(s) or route changes, you must inform your local health department. If you move your mobile unit to another county, prior to operating, you must notify the local health department in the county you are moving to.

