



Community Development Department

315 Kennel Ave/PO Box 248

Molalla, OR 97038

Phone 503.759.0205

www.cityofmolalla.com

MOBILE FOOD UNIT PACKET (Zoning Checklist)

The City of Molalla's Municipal Code, Master Planning documents, and Public Work's design standards can be found on the City's website www.cityofmolalla.com under the Public Work Division and Planning Division pages.

Helpful Municipal Code Section: MMC 17-2.3.220

Application Submissions Must Include:

- One (1) Hard Copy of this Form
- One (1) Hard Copy Set of Site Plans
- One (1) Hard Copy Set of Elevation Profiles
- One (1) Electronic submittal of items 1, 2 & 3
- Application Fee – See City fee schedule

For questions:

Please Consult the City's Development Code

<http://qcode.us/codes/molalla/>

Questions may be directed to the
Planning Division.

Phone: (503) 759-0205

Email: communityplanner@cityofmolalla.com

In person at 315 Kennel Ave, Molalla, OR
97038

Applicant information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Owner Information

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Property Information

Site address: _____

Zoning district: _____ Overlay: _____ Tax lot # _____

Tax Account Number(s): _____ T: _____ R: _____ S: _____

Property dimensions: _____ Property acreage: _____

Surrounding property uses; North: _____ South: _____

East: _____ West: _____

Topography: _____

Project Information

Description of Proposal: _____

Describe all existing buildings or structures on property: _____

Prior Use: _____

Current Use: _____

Proposed Use: _____

City Utilities Impacted: ___ Water ___ Sewer ___ Stormwater ___ None

Site Plan(s) and Documents Required

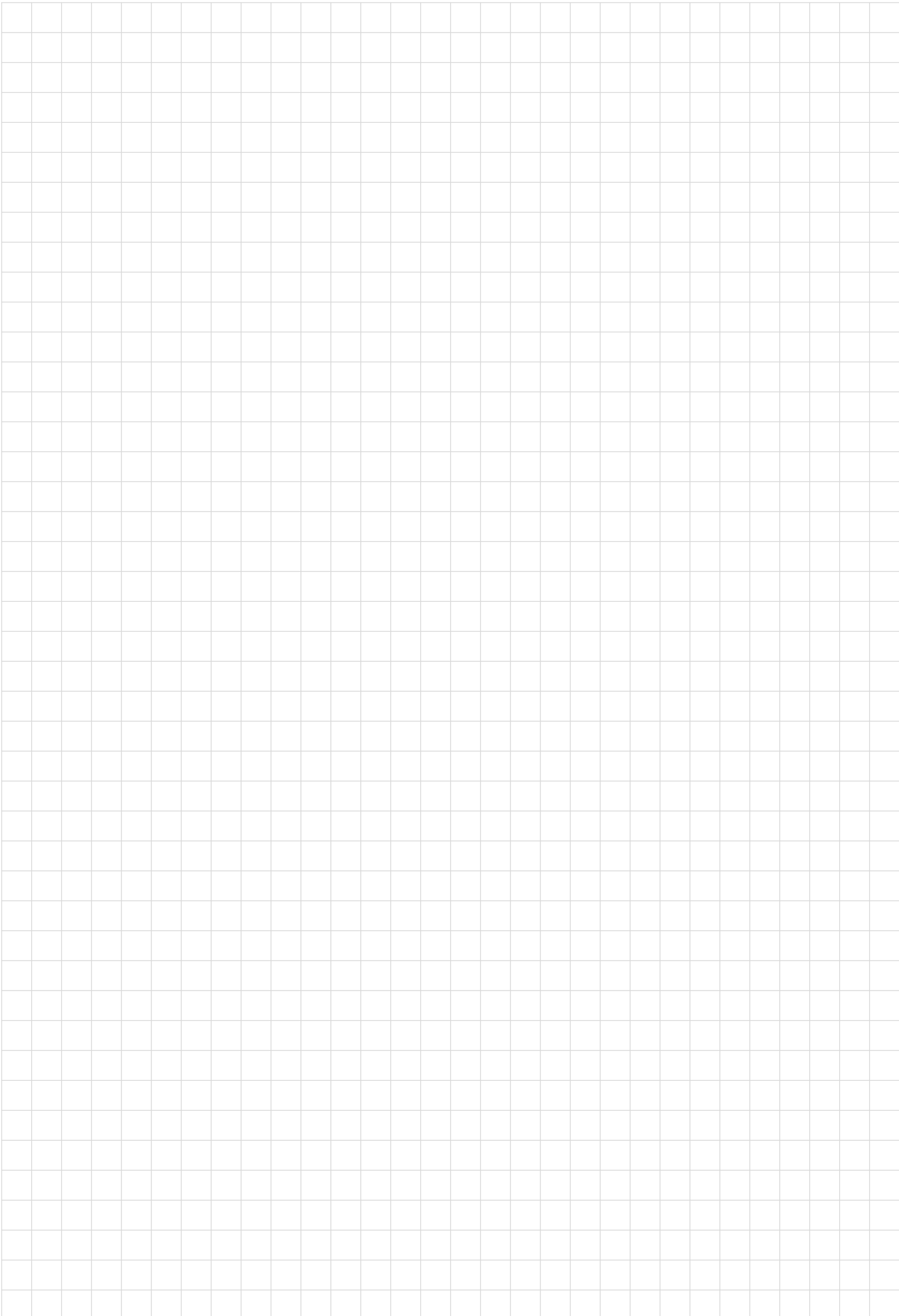
1. Ownership documents if different than Clackamas County CMAP property information.
2. Provide All Easements, Covenants, Conditions, Restrictions, and Encumbrances on the property – Attach to this form.
3. Provide Elevation profiles meeting architectural standards of MCC 17-3.2.030 (D)
4. If your project is subservient to a prior project(s) please provide:
 - Planning File Number(s): _____
 - Subdivision name/date approved: _____
 - Special Planning Permits (attach): ___ Conditional Use ___ Variance Other: _____
 - Planning Conditions of Approval (attach)
5. Site/Plot Plan
Plot Plan Requirements
 - Applicant’s name and address.
 - Legal description of the property (Township, Range, Section and Tax Lot).
 - SITE PLAN MUST INCLUDE DIMENSIONS OF ALL EXISTING AND PROPOSED STRUCTURES, PROPERTY LINES, SETBACKS, AND DRIVEWAYS.
 - Direction of North.
 - Driveway location and location of adjacent streets.
 - Proposed and existing structures.
 - Location of any existing wells on the property.
 - Walkways, patios, patio slabs, and mechanical units (e.g. air conditioning unit)
 - Location of existing and proposed utility connections.
 - Approximate ground slope and direction of the slope.
 - Property Lines.
 - Position of all creeks, streams, ponds, springs, or other drainageways.
 - Relative elevations (1) At lot corners or construction area, and (2) At building site.
 - Existing and proposed easements.
 - All streets abutting the property.
 - All existing and proposed site features must be included and labeled as such.
 - You must also indicate what is proposed to remain and what is proposed to be removed.

Applicant Signature: _____ Date: _____

Owner Signature(s): _____ Date: _____

PLOT PLAN

Notes: _____



MOBILE UNIT, COMMISSARY & WAREHOUSE LICENSE APPLICATION

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

Mobile Unit # _____ Commissary # _____ Warehouse # _____

Name of Unit: _____

Location of unit when in operation: _____

Name of applicant (Owner): _____ Telephone number: _____

Email address: _____

Applicant mailing address: _____

Warehouse or Commissary address: _____

LICENSE FEE MUST ACCOMPANY THIS APPLICATION – SEE FEE SCHEDULE

FACILITY TYPE	FEE
MOBILE UNIT= <u>Class I - Class II - Class III - Class IV</u> <i>Circle One</i>	_____
COMMISSARY =	_____
COMBO-COMMISSARY =	_____
WAREHOUSE =	_____
TOTAL FEE ENCLOSED =	_____

**MAKE ALL CHECKS PAYABLE, AND MAIL TO: CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
2051 KAEN ROAD # 367 – OREGON CITY OR 97045**

ALL LICENSES ISSUED UNDER THIS ACT SHALL TERMINATE AND BE RENEWABLE ON DECEMBER 31, OF EACH YEAR. IT IS AGREED THAT I WILL COMPLY WITH THE PROVISIONS OF CHAPTER 624, OREGON REVISED STATUTES, AND ADMINISTRATIVE RULES OF THE OREGON HEALTH DIVISION PERTAINING THERETO.

Signature of Applicant & Title

Date

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____ DATE APPROVED: _____

REMARKS _____

-ATTENTION-

THE COMMISSARY AGREEMENT ON THE BACK OF THIS FORM MUST BE COMPLETED BEFORE THIS APPLICATION CAN BE ACCEPTED.

MOBILE UNIT COMMISSARY / WAREHOUSE AGREEMENT

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

ORAR 333-162-0040 Base of Operation: Mobile food units shall operate from a licensed commissary or warehouse. This commissary is to be used for all preparation and storage of food items and provide approved dishwashing facilities as needed. A mobile unit that serves only prepackaged potentially hazardous items can operate with no sinks, or water storage, and can be serviced by a licensed warehouse.

I, _____, owner/operator of the _____
(Restaurant), give permission to allow _____ (Commissary operator)
the use of my food service facility for the following purposes:

ANSWER YES OR NO TO THE FOLLOWING:

1. Storage of food, utensils, paper goods, and other supplies? Yes No
2. Preparation of food products? Yes No
3. Washing of utensils and equipment by approved methods? Yes No
4. Obtaining potable water or ice? Yes No
5. Disposal of liquid and solid waste? Yes No

If no, where will you dispose of waste? (Location): _____

6. Storage or garaging of mobile unit at the restaurant/commissary? Yes No

If no, where will you store the unit? (Location): _____

Signed and agreed upon this date: _____

THIS AGREEMENT EXPIRES DEC. 31st OF YEAR ISSUED

Restaurant's Owner's name

Mobile Unit / Commissary Operator's name

Phone Number

Phone Number

Street Address

Street Address

City & Zip Code

City & Zip Code

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____ DATE APPROVED: _____

REMARKS _____



MOBILE FOOD UNIT PLAN REVIEW APPLICATION

ENVIRONMENTAL HEALTH DEPARTMENT

2051 Kaen Road #367 Oregon City, OR 97045 - Phone: 503.655.8384

Business Name: _____

Location of unit: _____

Establishment Phone: _____

E-Mail Address: _____

Previously Licensed? Yes No

Former name: _____

Owner's name: _____

Mailing Address: _____

Owner's Phone: _____

E-Mail Address: _____

Contact Person & Title: _____

Mailing Address: _____

Phone: _____

Projected Start Date: _____

Projected Date for Completion: _____

Mobile Unit Class: I II III IV

New Remodel

Type of Service: (Check the food service that best describes the system you use)

- Cook and Serve
- Cook, Hot Hold and Serve
- Cook, Chill, Reheat, Hot Hold and Serve
- Cold Hold and Serve
- Commercially Packaged Food Only (except beverage)
- Other _____

WARNING: It is important for your business planning that you seek land use approval to park your mobile unit. Contact the city or county planning department to see if you need design review. The County Planning phone number is 503-742-4500.



MOBILE FOOD UNIT PLAN REVIEW PACKET

This packet is intended to help you through the plan review process and to assure that your mobile food unit meets the rule requirements. This document is a companion to the Food Sanitation Rules and must be completed as part of the plan review process.

This packet consists of the following information:

- **Applicants Checklist for Mobile Food Units**
- **Mobile Food Unit Plan Review Application**
- **General Information**
- **Mobile Food Unit General Requirements and Limitations**
- **Mobile Food Unit Plan Review Worksheet**
- **Mobile Food Unit Operating Schedule**
- **Memorandum of Commissary/Warehouse Usage**
- **Mobile Food Unit Operational Guide**

Please complete the attached documents and submit them with the required plan review fee to the local environmental health department. **Approval from the local environmental health department must be obtained prior to construction or operation of your unit.** The following materials must also be submitted with your completed packet:

1. Complete plans of the unit drawn to scale, including equipment location.
2. List of all equipment necessary for the operation of the unit.
3. A description of the construction materials used on the unit, including surface finishes for floors, walls, ceilings and countertops.
4. Information relating to your base of operation, including times and dates of use. Attach a completed **Memorandum of Commissary/Warehouse Usage**, if necessary.
5. A list of your operating location(s) and approximate time schedule. If the unit operates on a designated route, you must specify your itinerary. Attach a completed **Mobile Food Unit Operating Schedule**.

APPLICANT'S CHECKLIST FOR MOBILE FOOD UNITS

This checklist is intended to help you track your progress through the plan review process. When all steps are completed, your mobile food unit should be ready for licensure and operation.

- Submit plan review application and review packet, plans, and required fee. Obtain plan review approval **prior** to beginning construction.
- Receive plan review approval from the local environmental health department.
- Obtain any required approvals from other agencies, such as zoning/planning, building, fire marshal, or city or county authorities.
- Contact the local environmental health department at least two weeks prior to opening to schedule a preoperational inspection.
- Submit a **Mobile Food Unit License Application** with the required fee.
- Submit a **Memorandum of Commissary/Warehouse Usage** and a **Mobile Food Unit Operating Schedule**, if applicable

GENERAL INFORMATION

A mobile food unit is defined in OAR 333-150-0000, 1-201.10(B)(48.1) 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.*" There is no size limit to mobile food units, except they must meet the following basic requirements:

- Mobile food units must be mobile and on wheels (excluding boats) at all times during operation.
- The unit and all operations and equipment must be integral to the unit. This does not preclude the use of a barbecue unit with a Class IV unit.

There are four types of mobile food units. The mobile food unit classifications are based upon the type of menu served.

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.

IMPORTANT ADDITIONAL MOBILE FOOD UNIT INFORMATION

- Because the mobile food unit design is related to the menu served, the local environmental health department must approve any change in the menu. Failure to obtain approval for a menu change may result in closure of your unit.
- A mobile food unit may connect to water and sewer if it is available at the operating location, however, the tanks must remain on the unit at all times.
- A mobile food unit may not serve as a commissary for another mobile food unit or as the base of operation for a caterer.
- Food handler cards are required for all persons working in a mobile food unit or at a base of operation. Contact the local environmental health department for information on obtaining a food handler card.
- Auxiliary storage shall be limited to items necessary for that day's operation. No self-service, assembly or preparation activities may occur from auxiliary storage containers.
- Handling of unpackaged foods, dishwashing and ice making are prohibited in a warehouse.
- 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 at www.healthoregon.org/foodsafety

MOBILE FOOD UNIT GENERAL REQUIREMENTS AND LIMITATIONS

A mobile unit can serve menu items within its classification number or below. For example, a Class III unit may also sell items allowed under Class II and I. Please see Food Sanitation Rules for full requirements.

	Class I	Class II	Class III	Class IV
Water Supply Required	No	Yes	Yes	Yes
Handwashing System Required	No	Yes - Minimum Five Gallons ¹	Yes - Minimum Five Gallons ¹	Yes - Minimum Five Gallons ²
Dishwashing Sinks Required	No	No ³	No ³	Yes - Minimum 30 Gallons
Assembly or Preparation Allowed	No	No	Yes	Yes
Cooking Allowed	No	No	Yes ⁴	Yes
Barbecue Operation Allowed	No	No	Yes - Reheating of Fully Cooked Foods ⁵	Yes
Restroom Required	Yes	Yes	Yes	Yes
Examples	Prepackaged Sandwiches/ Dispensed Soda	Service of Unpackaged Food Items	Bento (with precooked meat), Espresso, Hot Dogs	No Menu Limitations

¹ The handwashing system may consist of a container that provides flowing water.

² The handwashing system must be plumbed to provide hot and cold running water.

³ Must provide a minimum of 30 gallons of water for dishwashing, if provided.

⁴ May cook only foods that are not potentially hazardous when raw (rice, onions, pasta, etc.).

⁵ With Class III units, the barbecue must be integral to the unit and only used to impart flavor.

MOBILE FOOD UNIT PLAN REVIEW WORKSHEET

Mobile food units shall comply with the applicable requirements in The Food Sanitation Rules, OAR 333-150-0000 and 333-162-0020. The section numbers listed below reference 333-150-0000 unless otherwise specified. These rules may be obtained at www.healthoregon.org/foodsafety

Please complete the questions on this worksheet that apply to your mobile food unit. Be as specific as possible.

1. List all menu items (including condiments).

2. Where will food be purchased (3-201)?

3. Describe how and where foods will be cooked and prepared. Will any foods be prepared in advance (Chapter 3)? If so, please describe.

4. Describe how foods requiring cooling will be rapidly cooled on the unit (3-501.14 & 3-501.15)? What will become of leftover foods?

5. How will hot and cold food temperatures be maintained on the unit (3-501.16)?

6. Where is the commissary or warehouse located? Please submit a completed **Memorandum of Commissary/Warehouse Usage** if you are using a restaurant licensed by someone other than yourself. List the approximate time and days of the week you will be using your commissary or warehouse (OAR 333-162-0930 & 333-162-0940).

7. What is the source of drinking water for use on the unit? Describe how water will be transported to the unit and how the water system is constructed. What is the size of the fresh water storage tank (Chapters 5-1, 5-2, 5-3)?

8. How will wastewater be removed from the unit? Describe how wastewater will be transported from the unit to the approved wastewater disposal location. What is the size of the wastewater storage tank (Chapter 5-4)? (The volume of the waste tank must be 10 to 15 percent greater than the volume of the potable water storage tank.)

9. What is the power source for the mobile food unit? Describe how foods will be transported to and from the unit and how hot and/or cold holding temperatures will be maintained during transit (3-501.16).

10. What type of handwashing system will be used on the unit (5-203.11 & 6-301)? (A minimum of five gallons must be provided for handwashing.)

11. Describe how dishes and utensils will be washed. If dishes and utensils are washed on the unit, a minimum of 30 gallons of water must be provided for this purpose (Chapter 4).

12. Describe how garbage will be stored and where it will be thrown away. What methods of insect and rodent control will be used in your unit (screens, garbage cans with tight fitting lids) (6-202.15, 6-501.111 & 6-501.112)?

13. Where is your restroom facility located (6-302, 6-402.11(E) & OAR 333-162-0020(4))?

14. Describe the type of overhead protection provided for your unit (ceilings, awnings, umbrellas) (OAR 333-162-0680).

15. Where and how will the unit be cleaned? If you plan to wet mop the unit, where will you dispose of mop water (5-203.13(B) & OAR 333-162-0930)?

MOBILE FOOD UNIT OPERATING SCHEDULE

- I plan on operating at one location.

Location address: _____

- 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 days of the week or date you will be at each location. Attach additional sheets if necessary.

Operating Location	Time	Day of Week or Specific Date

You are required by law to notify your local public health authority if your operating location or route changes. If you relocate to another county you must first notify the new county prior to operation.

MEMORANDUM OF COMMISSARY/WAREHOUSE USAGE

The following licensed food service establishment, known as _____, license number _____, located at _____, hereby agrees to provide access for usage as a commissary or warehouse to _____ to operate their mobile food unit. This commissary or warehouse 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 agreement between the above-mentioned two parties is valid for the **current licensing year only** and must be renewed after that date. However, in the event that 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 become void if the food service establishment does not have a current license to operate.

Please indicate the following:

- The food service establishment agrees to be responsible for commissary or warehouse activities under the existing food service license.
- The food service establishment requests the mobile food unit owner to obtain a separate license for the commissary in the name of the mobile food unit owner.

Signed by:

Food Service Facility Owner: _____ Date: _____

Mobile Food Unit Facility Owner: _____ Date: _____

Office Use Only

Approved by: _____ Date: _____