

**LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM**

PO Box 100, 315 SW 4<sup>TH</sup> AVE, ALBANY, OR 97321

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

<https://www.linncountyhealth.org/eh>

[linneh@linncountyhealth.org](mailto:linneh@linncountyhealth.org)



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  
P. O. Box 100  
315 SW 4<sup>th</sup> Ave  
Albany, OR 97321

**or** [linneh@linncountyhealth.org](mailto:linneh@linncountyhealth.org)

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.

