



# City of The Dalles

## Mobile Food Vendor License

313 Court Street, The Dalles, OR 97058 | (541) 506-2031 | [www.thedalles.org](http://www.thedalles.org)

We appreciate your interest in applying for The Dalles Mobile Food Vendor (MFV) License. This packet contains information that will assist you in complying with the City of The Dalles MFV License regulations, as stated in The Dalles Municipal Code Chapter 8.29.

### **What is a Mobile Food Vendor (MFV)?**

A Mobile Food Vendor means and includes every person who occupies a fixed location and who is engaged in or participating in a temporary or transient business of selling or exhibiting for sale, or purchasing, food, beverages, or other use similar in nature as approved by the City, of any name or nature in the city.

### **Who must obtain a MFV License?**

All current Mobile Food Vendors (this includes food trucks, food carts, etc.) and those considering becoming a Mobile Food Vendor within the city of The Dalles.

### **What are the steps for completing a MFV Application Packet?**

- 1) **Complete the Mobile Food Vendor Application Form (Pages 1—4).** Incomplete applications may not be accepted, and will delay the review process.
- 2) **Complete a Site Plan for the subject property (Page 5).** Applicants shall submit a Site Plan showing the proposed location that the Mobile Food Vendor will be located on the subject property, distance from the property boundary lines, the location of all parking areas, and how traffic will enter and exit the subject property, and any proposed outdoor seating areas.

Once an application is complete, please submit all documentation to The Dalles Finance Department. A \$20 Investigation Fee will be required at the time of application submittal (this fee will go towards your License Fee, as determined by your use type). City Staff (Police, Community Development, City Attorney) will review the application and make a determination within 14 days from the submission of a completed application packet. Please see Page 4 for the Classification Types for all Mobile Food Vendors, how long each License is good for, and how many renewals may be obtained. A License Fee will be owed at the time of license issuance.

**Are you providing at least two healthy food options?** Please see the definition as further described in Section 8.29.070 and you may be eligible for a 15% reduction to your License Fee.





## City of The Dalles

313 Court Street  
The Dalles, OR 97058  
(541) 298-5107  
www.thedalles.org

License #: \_\_\_\_\_

Investigation Fee: \$20

License Fee: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Deemed Complete: \_\_\_\_\_

Ready to Issue: \_\_\_\_\_

Date Issued: \_\_\_\_\_

# Mobile Food Vendor License Application Form

### APPLICANT INFORMATION:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

Note: Applicant is required to provide a copy of current photo identification.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Have you ever been convicted of any misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide information concerning the date and place of conviction. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be providing at least two health food options, per Section 8.29.070? Y N

Proposed site location: \_\_\_\_\_

### LEGAL LAND OWNER INFORMATION:

Name: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Application Policy

I certify that I am the applicant or owner identified below. I acknowledge that the final approval by the City of The Dalles, if any, may result in restrictions, limitations, and construction obligations being imposed on this real property. I understand that if the property is owned in part or totality by a trust, partnership, corporation or LLC, I will be required to present legal documentation listing all persons that make-up the entity, as well as proof of my authorization to act on the entity's behalf. I consent and herby authorize City representative(s) to enter upon my property for any purpose of examination or inspection related to this application. I certify that all information provided is true and correct, and consent to the filing of the application, authorized by my original signature below.

\_\_\_\_\_  
Signature of Applicant:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Property Owner:

\_\_\_\_\_  
Date:

\*If owner signature cannot be obtained, documentation of permission from the property owner to use the property as described shall be required.

## Business Information:

1. Nature of business to be conducted: (please specify all food items to be for sale; packaged or served, etc.)

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2. Hours of Operation: \_\_\_\_\_

3. Briefly describe the appearance of the business, including signage, and manner of display. If your business anticipates using any type of signage, sign permits will be required. Feather signs, banners, balloons, and other inflatable devices are only allowed for a period of 7 days, per Section 10.13.030.020 Temporary Signs, after the approval of a sign permit. For more sign related questions, please contact The Dalles Community Development Department at (541)296-6906 .

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4. The type of merchandise or method of sale will require health and safety licenses, permits, or inspections from County and State agencies. Please contact North Central Public Health at (541)506-2600 and the Department of Agriculture at (541)298-8559 to determine if your operation must also comply with further regulations.

**(NOTE: The applicant is required to submit with this application all documentation showing health and sanitary licenses have been obtained from the State and County.)**

## Business Information (continued):

5. Length of time for which license is requested—please specify dates: \_\_\_\_\_

### License Fees (please circle one) :

#### TYPE I

A Mobile Food Vendor not requiring direct connection to city-operated utilities for the preparation or storage of that which is being offered for sale. A license for a Type I Mobile Food Vendor is good for a period of 30-days, with a maximum of 5 renewals per calendar year (180-days maximum). Outdoor seating (4 tables maximum with 6 seats at each table) may be allowed only when a readily available restroom facility is located within one-quarter mile or five minute walk from the mobile food unit. Restrooms must have a handwashing facility that provides hot and cold water, soap, and paper towels or air dryer, as required per OAR 333-162-0020. Portable toilets are not allowed.

Fee: \$30 (Good for 30-days)

\$25 Extension Fee (Good for an additional 30-days. Up to 5 extensions are allowed per calendar year for a maximum of 180-days).

#### TYPE II

A Mobile Food Vendor not requiring connection to City-operated utilities for the preparation or storage of that which is being offered for sale. A license for a Type II Mobile Food Vendor is good for a period of 12-Months. A Type II License may be renewed one time to allow for an additional 12-month period (24-months max.) Outdoor seating (4 tables maximum with 6 seats at each table) may be allowed only when a readily available restroom facility is located within one-quarter mile or five minute walk from the mobile food unit. Restrooms must have a handwashing facility that provides hot and cold water, soap, and paper towels or air dryer, as required per OAR 333-162-0020. Portable toilets are not allowed.

Fee: \$150 (Good for 12-months)

\$130 Extension Fee (Good for one additional 12-month period).

#### TYPE III

A Mobile Food Vendor requiring the connection to City-operated utilities for the preparation or storage of that which is being offered for sale, (2) a Mobile Food Vendor seeking additional structures or outdoor seating, or (3) a Mobile Food Vendor Pod (more than one food vendor on a lot). A Type III Mobile Food Vendor will be required to be reviewed through Site Plan Review (Per Title 10 Land Use and Development, Article 3.030).

Fee: Will be required to be reviewed and approved through Site Plan Review. Please contact The Dalles Community Development Department for further information at (541)296-5481.

### Reference Information:

1. List the names of the last three cities in which you carried on business and the address where your business was conducted in each of those cities: \_\_\_\_\_

**Please complete and sign the Waiver and Release of Acknowledgement of Appointment as Agent for Service of Notices** on the following page.

When complete and signed, return all (5) pages to the Finance Department at City Hall, 313 Court Street, The Dalles, OR 97058, along with a non-refundable \$20 investigation fee. Your application will be reviewed and you will be notified of the City's decision within (14) business days.

**WAIVER AND RELEASE:**

I authorize the City of The Dalles to inquire about and consider any information concerning arrests and convictions contained in the records of driver licensing agencies, courts, police agencies, or law enforcement databases. I agree to waive any claim or right of action I may have based upon the accuracy, use and provision of such information. I agree this waiver and release from liability is granted to the City of The Dalles, its agents, officers, employees, and contractors.

Mobile Food Vendors issued a license by the City shall indemnify and hold the City and its officers, agents, and employees harmless from and against all claims for injury, loss or damage arising out of or in any way related to the operation of the Mobile Food Vendor's business. This agreement to indemnify or defend shall survive the termination or revocation of the Mobile Food Vendor's license.

\_\_\_\_\_  
Applicant Signature Date

NOTE: The following must be completed. The appointed agent shall be a local person acceptable to the City Attorney. The agent may be the same as the applicant in some cases.

**ACKNOWLEDGMENT OF APPOINTMENT AS AGENT FOR SERVICE OF NOTICES**

Pursuant to Section 8.29.110 of Chapter 8.29 of The Dalles Municipal Code, I hereby acknowledge that I have been appointed to serve as the agent for the above named applicant for purposes of accepting services of process, notice, or demand required or permitted by law to be served upon the applicant. Please print legibly.

Name of Agent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agent Signature : \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* **FOR OFFICE USE ONLY BELOW THIS LINE** \*\*\*\*\*

DO NOT WRITE BELOW THIS LINE

The information on this application has been reviewed by The Dalles Community Development Department. It is recommended that this application be: (please circle one)      Approved    Denied

\_\_\_\_\_  
Community Development Director or Representative      Date

The information on this application has been reviewed by The Dalles Police Department. It is recommended that this application be: (please circle one)      Approved    Denied

\_\_\_\_\_  
Chief of Police or Representative      Date

The information on this application has been reviewed by The Dalles Finance Department. It is recommended that this application be: (please circle one)      Approved    Denied

\_\_\_\_\_  
Finance Director or Representative      Date

City Attorney Review:  
Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_