

Mobile Unit Name _____ Owner Name _____

**MOBILE FOOD UNIT ITINERARY
AND OPERATING SCHEDULE**

If operating at a fixed location, complete section below:

Location Address: _____

Operating schedule (days and times): _____

If operating at multiple locations, complete section below

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.

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.