



TOURIST FACILITY LICENSE & PLAN REVIEW APPLICATION

Facility Name:	Phone #:
Street Address:	
Mailing Address (if other than above):	
Owner's Name:	Phone #:
Owner's Mailing Address:	
Manager's Address:	Phone #:

All licenses issued under these statutes automatically expire on December 31 of each year, and must be renewed before January 1 of the next year. This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder.

The new operator in the event of a transfer must immediately secure a license in his/her own name.

The operation is: Year Round Seasonal

Application is for a: Recreation Park Picnic Park Organizational Camp

Traveler's Accommodation Hostel

Plan Review (Submit Plans and fee: T & T and RV-\$220.00, Org Camp-\$355.00, Org Camp remodel-\$237.00)

Please specify the number of units for your type of facility (see fee schedule for license fee amount):	
Tourist Accomodations:	
RV Park:	
Organizational Camp:	

Each application must include the fee as indicated on fee schedule. Make check payable and mail to:

Marion County Environmental Health
3180 Center St NE, Suite 2274
Salem, OR 97301-4592

NOTICE: Any person initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or traveler's accommodation business who has failed to renew a license on or before the expiration date is delinquent. If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.

I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Department of Commerce and that the information given in the above application is complete and accurate to the best of my knowledge.

_____ **Date** _____

Signature of Applicant or Authorized Representative (NOTE: License & renewal notices are sent to the mailing address.)

DO NOT WRITE IN THIS SPACE		
Date application received _____	Fee received _____	Receipt # _____
Application approved by _____		Date approved _____