



MARION COUNTY ENVIRONMENTAL HEALTH
3180 CENTER ST NE #2274, SALEM, OR 97301
PH: 503-588-5346 FAX: 503-566-2986

RESTAURANT LICENSE APPLICATION

Establishment Name (Name requested on license):

_____ Telephone: _____

Physical Address of Business:

_____ City, State, Zip _____

Mailing Address of Business (if different from physical address):

_____ City, State, Zip _____

Manager's Name (if different from owner):

_____ Telephone: _____

Name(s) of Legal Owner(s) (or Corporation Name):

Owner(s) or Corporation Mailing Address: _____

City, State, Zip _____ Telephone: _____

Will this business be open seasonally (dates of operation _____)
or year around _____ ?

Is this the annual renewal of your license? ___ Yes ___ No

Is this a new facility and location? ___ Yes ___ No

 If new, what is the proposed date of opening? _____

Name of facility if previously licensed: _____

TOTAL NUMBER OF SEATS (each 24" of booth space = 1 seat) _____

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Revised Statutes, Chapter 62A, and the Administrative Rules of the Oregon Department of Human Services pursuant thereto. Payment of the required fee is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 62A, and the Administrative Rules of the Oregon Department of Human Services require denial or license revocation.

Applicant's Signature _____ Telephone: _____

Applicant's Address _____ Cell or Msg: _____

City, State, Zip _____ FAX: _____

E-mail Address: _____

For office use only

Fee Received: _____ Date: _____ Receipt # _____

Inspected by: _____ Date: _____ Approved? _____