



FOOD SERVICE LICENSE APPLICATION RESTAURANT / BED AND BREAKFAST

Restaurant Bed & Breakfast (Tourist License also required)	Pre-existing Restaurant New Construction Remodel	Change of Ownership (must submit a menu) Former restaurant name: _____
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Restaurant (or DBA) Name: _____

Restaurant Physical Location: _____

Restaurant Phone #: _____ Number of indoor seats: _____

Preferred Language: _____ Estimated Opening Date: _____

Primary e-mail for correspondence: _____

Sewer system: Private (on-site septic) Public

Water system: Private (local well) Public (City of _____ Other _____)

Days of operation: _____ Hours of operation: _____

Owner: _____

Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes

If yes, Establishment Name(s): _____

Primary Contact Name: _____ Owner e-mail: _____

Owner Mailing Address: _____

Owner Primary Phone #: _____ Owner Cell #: _____

Alternate Contacts: _____

Billing Information (same as Owner):

Billing Address: _____

Billing e-mail: _____ Billing Phone #: _____

The payment of \$ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: _____ Date: _____

For Office Use

Fee Received: \$	Date:	Receipt #:
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date:	Inspected By: