



Establishment ID: _____
Owner ID: _____
For office use only

## FOOD SERVICE LICENSE APPLICATION RESTAURANT / BED AND BREAKFAST

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Bed & Breakfast (B&B Tourist License also required) |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Remodel   |
| <input type="checkbox"/> Change of Ownership    Former establishment name: _____ |  |

**Establishment Name:** \_\_\_\_\_

Sewer system:     Private    Public

Water system:     Private    Public    Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

- Individual    Corporation    Partnership    Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

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

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_                      Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_                      Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

**Primary e-mail for billing/correspondence:** \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Number of seats: \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

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 ONLY

Fee received: \_\_\_\_\_                      Date: \_\_\_\_\_  
 Cash             Check# \_\_\_\_\_             Money Order

Inspected by: \_\_\_\_\_                      Date: \_\_\_\_\_  
 Approved         Not Approved             Risk 1             Risk 2  
 Full Svc             Limited Svc                 Risk 3             Risk 4