



Marion County
OREGON
Health & Human Services

TOURIST FACILITY LICENSE APPLICATION

- Traveler's Accommodation Recreational Vehicle Park* Organizational Camp
 Hostel Bed and Breakfast (B&B Food Service License also required)
 New Construction Remodel
 Change of Ownership Former establishment name: _____

Establishment Name: _____

Establishment Physical Location: _____

Number of units/rooms: _____ | *(RV PARKS) Number of short-term recreational use spaces: _____

Primary e-mail of establishment: _____

Sewer system: Private Public The operation is: Year Round Seasonal _____

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 Address: _____

Owner Cell #: _____ Owner Phone #: _____

Owner E-mail: _____

Alternate Contacts: _____

Billing Name (check if same as Owner info): _____

Billing Address: _____

Billing Phone #: _____

The payment of \$ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable tourist facility regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 446, 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: _____ Receipt # _____ Date: _____
 Cash Check# _____ Credit Card
 Inspected by: _____ Date: _____
 Approved Not Approved