



**Marion County**  
OREGON  
Health & Human Services

## TOURIST FACILITY LICENSE APPLICATION

- Traveler's Accommodation       Recreational 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:** \_\_\_\_\_

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/Billing Address: \_\_\_\_\_

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

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

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

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

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

Number of units/rooms/spaces: \_\_\_\_\_

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 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