



Estab ID: _____ Owner ID: _____ <small>For office use only</small>
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## 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:** \_\_\_\_\_

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

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

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

Sewer system:     Private     Public  
 Water system:     Private     Public Water System Name/Number: \_\_\_\_\_  
 Establishment Phone #: \_\_\_\_\_    Number of units/rooms/spaces: \_\_\_\_\_  
 Establishment Email: \_\_\_\_\_

**Owner Name (displayed on license):** \_\_\_\_\_

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

Primary Contact:    First: \_\_\_\_\_    Last: \_\_\_\_\_

**Owner Mailing Address:** \_\_\_\_\_

Owner Phone #: \_\_\_\_\_    Owner Cell #: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_    Owner E-mail: \_\_\_\_\_  
 Alternative Email: \_\_\_\_\_

**Primary Email for billing/correspondence:** \_\_\_\_\_

**Establishment Billing Address (if different than above):** \_\_\_\_\_

Billing Phone #: \_\_\_\_\_    Billing Cell #: \_\_\_\_\_  
 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: _____
<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order	
Inspected by: _____	Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2
<input type="checkbox"/> Full Svc <input type="checkbox"/> Limited Svc	<input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4