



SINGLE EVENT

TEMPORARY RESTAURANT LICENSE APPLICATION

Due to Covid-19 precautions: Applications must be received by our offices at least 2 full business days prior to the beginning of an event. Late applications will not be processed.
**Note: for a weekend event, your application must be submitted no later than Wednesday before closing.

Event Name: _____

Event Address: _____

Event Coordinator: _____ Phone Number: _____

Coordinator email: _____

Advance Preparation: All food must be prepared in an approved facility. For foods prepared before the event, describe how the food will be cooked and rapidly cooled (include container type, food depth, and equipment). Some foods requiring extensive cooking and reheating may be prohibited.

*****NO HOME PREPARED FOODS ARE ALLOWED.**

Describe: _____

Facility used for off-site food prep/storage/utensil washing:

Facility Name: _____ Address: _____ Phone: _____

Facility operator signature: _____ Date: _____

Food Temperature control: How will you provide for proper food temperature control?

Cold holding (ex: refrigerators, coolers) _____

Hot holding (ex: warmer, steam table) _____

Rapid-reheating (ex: stove, Oven) _____

Leftovers: What will you do with leftover food? _____

Booth construction: Type of overhead protection: _____

Type of floor: _____

Type of screening: _____

Water source: _____

**All water must be obtained from an approved public water supply*

Menu: List all food items, including toppings (use separate sheet if needed)

Food item	Served		Preparation		Describe cooking method
	Hot	Cold	On-site	Off-site	
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____

_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____
_____	Hot	Cold	On-site	Off-site	_____

Must obtain before event:

- _____ Food handler cards (1 certified worker per shift)
- _____ Probe thermometer to check food temperatures (range 0°-220°)
- _____ Refrigerator thermometer in every cooler/refrigerator
- _____ Hand-washing facilities (Must be set up before any food preparation takes place)
Describe: _____
- _____ Test strips for sanitizing solution (ex 1 tsp bleach per gallon of water)

For profit businesses: \$210.00

Not for profit organizations/Benevolent: \$45.00

* Must provide IRS Letter of nonprofit status

Late fee: \$27.00

* To avoid a late fee, applications must be received by this office no later than **2 full business days prior** to the beginning of the event.

*****Note** for a weekend event that is Wednesday before closing.

Business Name: _____

Non-Profit Tax Number (if applicable): _____

Applicant Name: _____

Mailing Address: _____ **City, State & Zip:** _____

Phone: (____) _____ - _____ **Cell:** (____) _____ - _____ **Fax:** (____) _____ - _____

Email: _____

Menu: _____

Event Name: _____ **Event Address:** _____

Start Date: _____ **End Date:** _____ **Start Time:** _____ **End Time:** _____

*****This application is not valid until approved by an inspector.**

Please complete & return the enclosed application with payment to:

Lane County Environmental Health

151 W 7th Ave #430,

Eugene, OR 97401

Fax: (541) 682-7459

Please call with questions: Office: (541) 682-4480