



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

**FOOD SERVICE
LICENSE APPLICATION
RESTAURANT / BED AND BREAKFAST**

- Restaurant Bed & Breakfast (B&B Tourist License also required)
 New Construction Remodel
 Change of Ownership Former establishment name: _____

Establishment Name: _____
 Establishment Physical Address: _____
 Establishment Billing Address: _____
 Establishment Phone #: _____ Number of seats: _____

Owner/Applicant Name: _____
 Individual Corporation Partnership Other: _____

Do you own other establishments licensed by the Health Dept.? No Yes
 Name(s): _____

Owner Physical Address: _____
 Owner Billing Address: _____
 Owner Phone #: _____ Owner Cell #: _____
 Owner Fax #: _____ Owner E-mail: _____

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: _____

Mail application and check payable to your local Environmental Health Office at:

FOR OFFICE USE ONLY

Fee received: _____ Date: _____
 Cash Check# _____ Money Order
 Inspected by: _____ Date: _____
 Approved Not Approved
 Full Svc Limited Svc