



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 Department of Human Services 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:**

<b>FOR OFFICE USE ONLY</b>		
Fee received: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order	Date: _____
Inspected by: _____	<input type="checkbox"/> Approved Full Svc <input type="checkbox"/> Not Approved Limited Svc	Date: _____