



RESTAURANT and BED & BREAKFAST
LICENSE APPLICATION

Establishment ID _____ Owner ID _____

DO NOT WRITE IN THE SPACE ABOVE

Establishment Name: _____ # of Seats: _____

Address: _____

New Restaurant Facility and Location? Yes [] No [] Date You Opened: _____

Facility's Former Name: _____ Date Closed: _____

Other Establishments Owned? Yes [] No [] Name: _____

Owner Name: _____ E-Mail: _____

Mailing Contact Name: _____

Owner Mailing Address: _____

Owner Phone #: _____ Establishment Phone #: _____

County of Operation: _____ Establishment Type: _____

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Department of Human Services pursuant thereto. Payment of _____ license fee (nonrefundable), is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Department of Human Services requires denial or revocation of the license. All information provided is a matter of Public record.

Applicant Signature: _____ Date: _____

Mail application & check payable to:

OFFICE USE ONLY

Fee received: _____ Date: _____

Inspected by: _____ Date: _____

Approved: _____ Date: _____ Unapproved: _____

Remarks: _____

If you need this form in an alternate format contact the Food Program at (503) 731-4012.