

## FOOD SERVICE LICENSE APPLICATION RESTAURANT / BED AND BREAKFAST

Establishment ID:					
Owner ID:					
For office use only					

$\square$ No	estaurant ew Construction hange of Owne	on $\square$	Remodel	Tourist License also required)
Establishme	ent Name:			
Sewer systen	n: 🗆 Privat	te 🗆 Public		
Water systen	n: 🗆 Privat	te  Public Public	Water System Name/Nu	mber:
				ast:
			<u>-</u>	
Do you own If yes	other establish	nments licensed by that Name(s):	ne Health Dept.?	
				ne #:
				#:
Number of se	eats:			
Establishmer	nt Mailing/Bill	ing Address:		
Establishmer	nt Phone #:		_	
Establishmer	nt Website:			
with all applic Revised Statudenial or revolution	cable food service tes, Chapter 624 cation of the lice	ce regulations. I under l, and the Administrati ense. Furthermore, I a	stand that failure to meet to ve Rules, Chapter 333, of	perate the above establishment in compliance the requirements of the provisions of Oregon the Oregon Health Authority may require provided on this form is accurate.  Date:
		FO	R OFFICE USE ONLY	
		□ Check#	 ☐ Money Order	Date:
Inspected by: _	☐ Approved	1.1		Date: Risk 2  □ Risk 3 □ Risk 4