

Tourist Facility License Application

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

- | | |
|--|--|
| <input type="checkbox"/> Traveler's Accommodation | <input type="checkbox"/> Recreation Park |
| <input type="checkbox"/> Organizational Camp | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Bed & Breakfast (B&B Food Service License is also required) | |
| <input type="checkbox"/> New Construction | <input type="checkbox"/> Remodel |
| <input type="checkbox"/> Change of Ownership | Former establishment name: _____ |



Establishment Name:	
Establishment Physical Address:	
Establishment Billing Address:	
Establishment Phone :	Number of units/beds/spaces:

Owner/Applicant Name:			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other: _____
Do you own other establishments licensed by the Health Dept. ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name(s): _____			
Owner Physical Address:			
Owner Billing Address:			
Owner Phone #:		Owner Cell #:	
Owner Fax #:		Owner E-Mail:	

This application is made as required by the Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder. I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted thereunder, and that the information given in this application is complete and accurate to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Mail this application and a check payable for \$ _____ to your local Environmental Health Office at:

FOR OFFICE USE ONLY			
Fee Received: _____		Date: _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Money Order	
Inspected By: _____		Date: _____	
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	