

Environmental Health Services



Restaurant and Bed & Breakfast License Application

Facility Number:	
Facility Name:	
Is this a new Restaurant Facility and Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Opening under new Ownership:
Was this facility licensed previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Operation for previous Owner:
Former Facility Name:	Do you own other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Location Address (number, street, city, state, zip code):	
Owner Name [individual(s)]:	Corporation Name:
Billing Name:	
Billing Address (number, street, city, state, zip code):	
Owner Home Address (number, street, city, state, zip code):	
Owner Home Telephone Number:	Facility Telephone Number:
Owner Office Telephone Number:	Facility FAX Number:
Owner Cell Phone Number:	E-mail:

Application is hereby made to operate the above facility in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon State Health Division pursuant thereto. Payment of the \$ _____ license fee is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon State Health Division require denial or revocation of the license. All information contained in this record is public.

* Please refer to fee schedule or call our office for information regarding Plan Review fee.

Make Check Payable to: **Multnomah County Environmental Health Services**

Applicant's Signature: _____ **Date:** _____

DO NOT WRITE IN THE SPACE BELOW

Fee Received:	Date:	By:
Check #:	Cash:	
Verify if the facility belongs to a chain. If yes, Name of chain:		<input type="checkbox"/> Yes <input type="checkbox"/> No