

State of Oregon
OREGON HEALTH DIVISION
Department of Human Resources



Facility # _____

TOURIST FACILITY LICENSE APPLICATION

Name of facility _____ TELEPHONE _____

Address of facility _____
STREET City State Zip

Mailing address if other than above _____
STREET City State Zip

Name of applicant (operator) _____
(INDIVIDUAL) (PARTNERSHIP) (CORPORATION)

Mailing address of applicant _____
STREET OR PO BOX City State Zip

Date applicant commenced business at this facility _____
MONTH YEAR

Facility name if changed within past year _____

All licenses issued under these statutes automatically expire on December 31 of each year, and must be renewed before January 1 of the next year. This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder.

The new operator in the event of a transfer must immediately secure a license in his/her own name.

1. The operation is: Year round 2. Type of facility Recreation Park Picnic Park Hostel
 Seasonal Travelers Accommodation Organizational Camp Bed & Breakfast

If a combination of facilities, please complete a separate application for each type of facility.

3. Please indicate as follows: _____ Number of cabins, units if travelers accommodations
_____ Number of campsites and overnight spaces if recreation park
_____ Number of beds or capacity if hostel or organizational camp

Fee Schedule: Each application must include the fee indicated by the attached schedule. Make check payable and mail to:

NOTICE: Any person, initially licensed under ORS 446.310 to 446.350 for engaging in the recreation park or travelers accommodation business who has failed to renew a license on or before the expiration date is delinquent. **If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency.**

I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Building Codes Agency and that the information given in the above application is complete and accurate to the best of my knowledge.

Signature of Applicant or Authorized Representative

Note: The license and renewal notices are sent to the mailing address of the facility.

Date of Application

DO NOT WRITE IN THIS SPACE

APPLICATION APPROVED BY _____ DATE APPROVED _____

REMARKS _____
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