



**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.