

For Office Use  
Temporary License # \_\_\_\_\_  
Benevolent Licenses ONLY:  
Phone Consult (Only): Y / N  
If Y, License Approved: Y / N Exp. Date \_\_\_\_\_

### TEMPORARY RESTAURANT LICENSE APPLICATION

**COMPLETED FORM AND FEES MUST BE RECEIVED IN OUR OFFICE AT LEAST SEVEN DAYS BEFORE THE START OF THE EVENT TO AVOID LATE FEE**

TEMPORARY RESTAURANT (\$152.00 Fee, per Booth)       BENEVOLENT (NO FEE REQUIRED) - List  
 LATE FEE (\$27.00)      Non-Profit Tax ID # \_\_\_\_\_  
*\*Add if less than 7 calendar days before start of event*

MOBILE UNIT LICENSED IN OTHER COUNTY - County & License # \_\_\_\_\_  
*\*Must have your current license, copy of last inspection, and all operations onboard mobile unit to qualify; subject to \$25 inspection fee*

Make checks payable to: **CLACKAMAS COUNTY PUBLIC HEALTH DIVISION**

License Type:     Single Event                       \*Intermittent (30 days)     \*Seasonal (90 days)

Event Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Event Address: \_\_\_\_\_

Booth Name: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Booth Owner's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Event Coordinator/Organizer: \_\_\_\_\_

Event Coordinator's Phone/E-mail: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* SEASONAL and INTERMITTENT applicants STOP HERE, unless changes have occurred since your PLAN REVIEW (One plan review is required for each location/event and is valid until changes are made)**

1. Who will be the **Person-In-Charge** of the booth on the day(s) of the Event?  
Name: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Is there an employee illness policy in place?    Y / N

2. **Water Source:** \_\_\_\_\_  
**ALL WATER MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY**

3. **Food Source and Preparation:** All food must come from an approved source and should be prepared at the booth on the day of the event. If preparation before the event is necessary, it must be done at a facility approved by the Local Health Department or the Department of Agriculture.  
**NO HOME-PREPARED FOODS ARE ALLOWED**

Describe Food Source(s): \_\_\_\_\_  
Name & Address of Facility Used for ANY Off-Site Food Prep, Storage, and Utensil Washing (if applicable): \_\_\_\_\_

4. **Leftovers:** What will you do with food left at the end of the event / each day?  
Describe: \_\_\_\_\_

5. **Menu:** (List all food items, including toppings; attach additional pages as needed)

<u>Food Item</u>	<u>Preparation at event / off-site</u>	<u>Food Item</u>	<u>Preparation at event / off-site</u>
_____	_____/____	_____	_____/____
_____	_____/____	_____	_____/____
_____	_____/____	_____	_____/____

6. **Food Temperature Control:** How will you provide proper food temperature control?

a. Cold-holding and cooling (e.g., refrigerators, coolers, ice, cooling wands)

Describe: \_\_\_\_\_

b. Hot-holding and cooking devices (e.g., portable warmer, steam table, propane burner, grill)

*NOTE: Check with local Fire Department for restrictions on cooking/hot holding equipment.*

Describe: \_\_\_\_\_

c. During transport to event?

Describe: \_\_\_\_\_

7. **Booth Design:**

Type of Overhead Protection: \_\_\_\_\_

Type of Flooring: \_\_\_\_\_

Type of Food Protection (i.e. sneeze guards, lids, etc.): \_\_\_\_\_

8. **Must Obtain Before Event** (see *Temporary Restaurant Operation Guide* for complete list of requirements):

Food Handler Cards -1 certified worker per shift; available online at [www.orfoodhandlers.com](http://www.orfoodhandlers.com)

Probe Thermometer (Range of 0° -220°F, calibrated/accurate) to check food temperatures; thin tip digital thermometer needed if cooking raw meat

Refrigerator Thermometer (working, accurate) in every cooler/refrigerator unit

Hand-washing Facility provided **in** the booth (*Set up FIRST, use first; hand sanitizer cannot substitute*)

Describe set-up: \_\_\_\_\_

Approved Sanitizer and Proper Test Strips – CIRCLE ONE:

chlorine

quaternary ammonium

other: \_\_\_\_\_

9. **Availability of Facilities:**

• Where will you dispose of:

GARBAGE?  Provided by Organizer  Other \_\_\_\_\_

WASTE WATER?  Provided by Organizer  Other \_\_\_\_\_

• Where are the RESTROOMS located? \_\_\_\_\_

**TEMPORARY RESTAURANT OPERATION GUIDE, Guidelines for Food Booths at Events - available online at:**

<http://public.health.oregon.gov/HealthyEnvironments/FoodSafety/Documents/tempguide.pdf>

<http://www.clackamas.us/publichealth/>