

RESTAURANT LICENSE APPLICATION

Environmental Health Department
Phone: 503.655.8384 - Fax: 503.742.5352

Facility # _____

Facility:

Name: _____ Telephone number: _____

Mailing address: _____

Location if other than above: _____

Owner:

Name: _____ Telephone number: _____

Mailing address: _____

Email address: _____

Manager (if other than applicant):

Name: _____ Telephone number: _____

PLEASE CHECK AND COMPLETE THE FOLLOWING AS APPLICABLE

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	Is this is a new restaurant facility or location?	DATE OF OPENING: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you renewing a license held by you?	DATE OF LAST OPERATION: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was this establishment licensed previously?	ESTABLISHMENT FORMER NAME: _____

NAME OF FORMER LICENSEE: _____

TOTAL NUMBER OF SEATS: _____ (Each 24" of booth space = 1 seat)

LICENSE FEE OF \$ _____ MUST ACCOMPANY THIS APPLICATION.

**MAKE ALL CHECKS PAYABLE, AND MAIL TO: CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
2051 KAEN ROAD, SUITE 367 – OREGON CITY, OR 97045**

ALL LICENSES ISSUED ARE NON-TRANSFERABLE AND EXPIRE DECEMBER 31 OF THE YEAR OF ISSUE

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 Oregon State Health Division pursuant thereto. Payment of the required 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 license revocation.

Signature of applicant or authorized representative

Date of Application

DO NOT WRITE IN THIS SPACE

APPROVED BY: _____

DATE APPROVED: _____

REMARKS _____