



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
 155 North First Avenue, MS 5, Suite 160
 Hillsboro, OR 97124
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 www.co.washington.or.us

TEMPORARY RESTAURANT LICENSE APPLICATION

(A separate application is required for each booth per location)

| | | |
|--|--|---|
| Name of Event: | | Booth #: (if applicable) |
| Event Coordinator: | | |
| Telephone: | Cell: | E-mail: |
| Event Address: (include city, state, zip) | | |
| Water Source: | Sewage: <input type="checkbox"/> public <input type="checkbox"/> septic | Portable: <input type="checkbox"/> toilet service <input type="checkbox"/> wastewater tank |
| ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY | | |
| License Applicant: (restaurant/organization) | | Name of Booth: |
| Applicant Business Address: (include city, state, zip) | | |
| Dates and Hours of Operation: | | |
| Telephone: | Cell: | E-mail: |
| <input type="checkbox"/> For Profit <input type="checkbox"/> Benevolent - Nonprofit Tax ID #: | | |
| Person-in-Charge of Booth: (if other than above) | | |
| Telephone: | Cell: | E-mail: |
| Additional Contacts: | | |
| Booth Construction: | | |
| Type of overhead protection provided: | | |
| Type of floor provided: | | |
| Must Obtain Before Event: | | |
| <input type="checkbox"/> Food Handler Cards: Must have one certified worker in the booth at all times. <input type="checkbox"/> Probe Thermometer: To check food temperatures (range of 0°F - 220°F). <input type="checkbox"/> Refrigerator Thermometer: One for every cooler/refrigerator unit. <input type="checkbox"/> Sanitizer Product: Bleach or other chemical (e.g., 1 tsp. bleach per gallon of water); bucket, wiping clothes, etc. <input type="checkbox"/> Test Strips: To check the type of chemical sanitizer in use. | | |
| DO NOTE WRITE IN THE SPACE BELOW | | |
| Fee Received: | Ck/MO#: | Receipt #: |
| Received By: | Date: | Facility #: |
| Remarks: | | |

TEMPORARY RESTAURANT LICENSE APPLICATION, continued

All food must be prepared and stored in a facility approved by Washington County Environmental Health or the State of Oregon Department of Agriculture.

MENU: (list all food items, including toppings)

| Food Item | Served Hot/Cold | If there is preparation or storage done offsite, list facility used* | Describe Preparation |
|-----------|--|--|----------------------|
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |
| | <input type="checkbox"/> Hot <input type="checkbox"/> Cold | * | |

***FACILITY USED FOR OFFSITE FOOD PREPARATION, STORAGE, AND/OR UTENSIL WASHING:**

| | |
|-------------------------------------|--------|
| Facility Name: | Phone: |
| Address: (include city, state, zip) | |

If more than one facility is used, please use additional space provided below:

| | |
|-------------------------------------|--------|
| Facility Name: | Phone: |
| Address: (include city, state, zip) | |

| | |
|-------------------------------------|--------|
| Facility Name: | Phone: |
| Address: (include city, state, zip) | |

Utensil Washing: Describe where and how utensils will be washed: _____

Handwashing Facilities: Must be set up before any food preparation takes place. Describe set up: _____

Leftovers: Describe what will you do with leftover food: _____

License fees are based on the type of business operation. Please see the fee schedule to determine the amount and submit the proper fee with completed application prior to the event. All information provided is a matter of public record.

Mail application and check or money order payable to: **Washington County Environmental Health**

License Applicant Signature:

| | |
|----------------------|-------|
| Printed Name: | Date: |
|----------------------|-------|