



DEPARTMENT OF HEALTH AND HUMAN SERVICES
ENVIRONMENTAL HEALTH PROGRAM
 155 North First Avenue, MS 5, Suite 160
 Hillsboro, OR 97124
 Telephone: (503) 846-8722 ♦ Fax: (503) 846-3705
www.co.washington.or.us/HHS/EnvironmentalHealth/

TEMPORARY RESTAURANT LICENSE APPLICATION

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

FILL OUT APPLICATION COMPLETELY. After application is processed, the licensee will be contacted for an Operational Interview during county business hours (M-F 8-5). Please indicate a day and time to call: _____
 Be advised, inspections are conducted during the time of operation. The **Temporary Restaurant Operation Guide** and the **Oregon Food Sanitation Rules** are available online.

Name of Event:

Event Address: (include city, state, zip)

Name of Booth:

Booth #: (if applicable)

Dates of Operation:

Start
Date

End
Date

Days and Times
of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

License Type: For Profit Benevolent - Nonprofit Tax ID #:

License Applicant:

Phone:

Cell:

E-mail:

Restaurant or Organization:

Business Address: (include city, state, zip)

Phone:

Cell:

E-mail:

Booth Operator: (if other than above)

Phone:

Cell:

E-mail:

Additional Contacts:

Event Coordinator:

Phone:

Cell:

E-mail:

DO NOT WRITE IN THE SPACE BELOW

Fee Received:

Ck/MO#:

Receipt #:

Received By:

Date:

Facility #:

Remarks:

TEMPORARY RESTAURANT LICENSE APPLICATION, continued

No Home Prepared Foods Allowed. All food must be prepared and stored in a facility approved by Washington County Environmental Health.

MENU Please submit an accurate menu **or** complete the following. List all food items, including toppings.

Food Item	Served Hot/Cold	Food Preparation
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite
	<input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite

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

Facility Name:	License #:	Phone:
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Address: (include city, state, zip)	County:
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Facility Used For:

Facility Name:	License #:	Phone:
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Address: (include city, state, zip)	County:
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Facility Used For:

ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY

Water Source:

Sewage: <input type="checkbox"/> Public <input type="checkbox"/> Septic	Portable: (check all that apply) <input type="checkbox"/> Toilet Service <input type="checkbox"/> Wastewater Tank
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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:
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