



# TOURIST FACILITY LICENSE APPLICATION

Establishment ID: _____ Owner ID: _____ For office use only
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- Traveler's Accommodation       Recreation Park  
 Organizational Camp               Hostel  
 Bed & Breakfast (B&B Food Service License also required)  
 New Construction                       Remodel  
 Change of Ownership      Former establishment name: \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_  
 Establishment Physical Address: \_\_\_\_\_  
 Establishment Billing Address: \_\_\_\_\_  
 Establishment Phone #: \_\_\_\_\_      Number of units/beds/spaces: \_\_\_\_\_

**Owner/Applicant Name:** \_\_\_\_\_  
 Individual       Corporation       Partnership       Other: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?     No       Yes  
 Name(s): \_\_\_\_\_

Owner Physical Address: \_\_\_\_\_  
 Owner Billing Address: \_\_\_\_\_  
 Owner Phone #: \_\_\_\_\_      Owner Cell #: \_\_\_\_\_  
 Owner Fax #: \_\_\_\_\_      Owner E-mail: \_\_\_\_\_

This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder. I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and that the information given in the above application is complete and accurate to the best of my knowledge.

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

**Mail application and check payable for \$ \_\_\_\_\_ to your local Environmental Health Office at:**

FOR OFFICE USE ONLY	
Fee received: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check# _____ <input type="checkbox"/> Money Order	Date: _____
Inspected by: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	Date: _____