



MULTNOMAH COUNTY OREGON  
 ENVIRONMENTAL HEALTH SECTION  
 3653 SE 34<sup>th</sup> Avenue  
 PORTLAND, OR 97202  
 (503) 988-3400; FAX (503) 988-5844  
 www.mchealthinspect.org



**Public Health**  
 Prevent. Promote. Protect.

## RESTAURANT AND BED & BREAKFAST LICENSE APPLICATION

<b>FACILITY #:</b>	<b>FACILITY NAME:</b>
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Is this a new Restaurant Facility and Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Opening under new Ownership:
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Was this facility licensed previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Last Operation for previous Owner:
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Former Facility Name:	Do you own other facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Facility Location Address (number, street, city, state, zip code):

Owner Name [individual(s)]:	Corporation Name:
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Billing Name:

Billing Address (number, street, city, state, zip code):

Owner Home Address (number, street, city, state, zip code):

Owner Home Ph. #: (     )     -	Facility Ph. #: (     )     -
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Owner Office Ph. #: (     )     -	Facility FAX #: (     )     -
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Owner Cell Ph. #: (     )     -	Office FAX #: (     )     -
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Owner Email Address:	Facility Email Address:
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*Application is hereby made to operate the above facility in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon Department of Human Services pursuant thereto. Payment of the \$\_\_\_\_\_ license fee is hereby made with the understanding that failure to meet the Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon Department of Human Services require denial or revocation of the license. License fee are not refundable. All information contained in this record is public. \* Please refer to fee schedule or call our office for information regarding license fee.*

Make Check Payable To: Multnomah County Environmental Health

**Applicant's Signature:**

<b>Print Name:</b>	<b>Date</b>
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**DO NOT WRITE IN THE SPACE BELOW**

Fee Received	Date	By
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Check #	Cash	
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Verify if facility belongs to a chain. If yes, Name of chain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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