

**Tillamook County**  
**FOOD SERVICE LICENSE APPLICATION**

**Type of Facility:**  B & B  Restaurant  Mobile Unit  Commissary  Warehouse  
**Application for:**  New Construction  Remodel  New Owner  Annual License

FACILITY INFO

Establishment Name: \_\_\_\_\_  
 Physical Address (City, State, Zip): \_\_\_\_\_  
 Facility Mailing Address (City, State, Zip): \_\_\_\_\_  
 Facility Phone #: \_\_\_\_\_ Facility Fax #: \_\_\_\_\_  
 Commissary/Warehouse Address (mobile units only): \_\_\_\_\_  
 Proposed Opening Date: \_\_\_\_\_ Number of Seats: \_\_\_\_\_  
 This facility previously licensed by Tillamook CHC?  Yes  No  
 If Yes, Facility's Former Name: \_\_\_\_\_ Date Closed: \_\_\_\_\_

OWNER INFO

Owner/Applicant Name: \_\_\_\_\_  
First Name Last Name  
 DBA or C/O: \_\_\_\_\_  
 Mailing/Billing Address (City, State, Zip): \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell/Alt. Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Alternate Contacts: \_\_\_\_\_  
 Other Establishments Owned (currently or previously licensed by Tillamook CHC)?  Yes  No  
 Facility Name: \_\_\_\_\_

**PLEASE CHECK ALL THAT APPLY:**

PLAN REVIEW:  New Construction \$250.00  Remodel \$100.00  Mobile Unit \$125.00  N/A

<b>RESTAURANTS:</b>	<input type="checkbox"/> MOBILE UNIT (Class 1, 2, 3)..... \$264.12
<input type="checkbox"/> 0-15 seats ..... \$574.77	<input type="checkbox"/> MOBILE UNIT (Class 4) ..... \$312.00
<input type="checkbox"/> 16-50 seats ..... \$654.80	<input type="checkbox"/> COMMISSARY ..... \$261.92
<input type="checkbox"/> 51-150 seats ..... \$742.11	<input type="checkbox"/> COMMISSARY (Dishwash only).. \$147.99
<input type="checkbox"/> 151+ seats ..... \$814.87	<input type="checkbox"/> WAREHOUSE ..... \$181.89
<input type="checkbox"/> Limited Service ..... \$327.40	<input type="checkbox"/> VENDING MACHINE
<input type="checkbox"/> B & B ..... \$436.53	<input type="checkbox"/> 1-40 units ..... \$150.00
	<input type="checkbox"/> 41-50 units ..... \$207.15

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 Department of Human Services pursuant thereto. Payment of \$\_\_\_\_\_ license fee (**nonrefundable**) is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Department of Human Services requires denial or revocation of the license. **Licenses are nontransferable.** All information provided is a matter of Public record.

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

**Mail application & check payable to:**  
**TCCHC Env. Health**  
**PO Box 489**  
**Tillamook, OR 97141**

Fee Received by: _____	Fee: _____	Chk #: _____	Date: _____
<b>Office Use Only</b>			