

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
- | | |
|---|--|
| RESTAURANTS: | <input type="checkbox"/> MOBILE UNIT (Class 1, 2, 3)..... \$274.68 |
| <input type="checkbox"/> 0-15 seats \$597.76 | <input type="checkbox"/> MOBILE UNIT (Class 4) \$324.48 |
| <input type="checkbox"/> 16-50 seats \$680.99 | <input type="checkbox"/> COMMISSARY \$272.40 |
| <input type="checkbox"/> 51-150 seats \$771.79 | <input type="checkbox"/> COMMISSARY (Dishwash only) . \$147.99 |
| <input type="checkbox"/> 151+ seats \$847.46 | <input type="checkbox"/> WAREHOUSE \$189.17 |
| <input type="checkbox"/> Limited Service \$340.50 | <input type="checkbox"/> VENDING MACHINE |
| <input type="checkbox"/> B & B \$454.00 | <input type="checkbox"/> 1-40 units \$150.00 |
| | <input type="checkbox"/> 41-50 units \$220.00 |

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: _____
Office Use Only			