



**TILLAMOOK COUNTY COMMUNITY HEALTH CENTER
ENVIRONMENTAL HEALTH PROGRAM**

801 Pacific Ave ♦ PO Box 489

Tillamook, OR 97141

Telephone: (503) 842-3943 ♦ Fax: (503) 842-3983 ♦ E-mail: abonato@co.tillamook.or.us

Website: <http://www.tillamookchc.org/eh/>

TEMPORARY RESTAURANT LICENSE INFORMATION

Temporary Restaurant Licenses are required when food is prepared or served for consumption by the public at events. **You may need one or more of the following licenses:**

SINGLE EVENT (\$95) Temporary Restaurant License	SEASONAL EVENT (\$95) Temporary Restaurant License	INTERMITTENT EVENT (\$95) Temporary Restaurant License
<p>Operates in conjunction with a single public gathering, entertainment event, food production program or other event.</p> <p>E.g.: Home & Garden Show, Rodeo, County Fair, etc.</p> <p>Valid for length of event <u>OR</u> up to 30 days; whichever comes first.</p>	<p>Must be same menu, location, and access to same sanitation services. Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events that are arranged for by the same oversight organization*.</p> <p>E.g.: Farmers Markets</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to 90 days.</p> <p>SUBJECT TO OPERATIONAL REVIEW</p>	<p>Must be same menu, location and access to same sanitation services. Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events, at least two of which are arranged for by different oversight organizations*.</p> <p>E.g.: Two different events at the Fairgrounds</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to 30 days.</p> <p>SUBJECT TO OPERATIONAL REVIEW</p>

***Oversight Organization** is any entity responsible for organizing, managing, or otherwise arranging of a public gathering, entertainment event, food product promotion or other event, including but not limited to ensuring the availability of water, sewer, and sanitation services.

OPERATIONAL REVIEW (\$60) is the examination of a plan of operation for an establishment in order to ensure that the proposed operation conforms to applicable sanitation standards.

Operational Reviews are **required** for initial **Seasonal** or **Intermittent** temporary restaurant licensing **OR** when a licensed facility changes their location or makes “substantial menu alterations,” which means a change of menu that increases the complexity of the food service. An increase in complexity occurs when the menu moves from:

- (a) Service of ready-to-eat foods that requires no further preparation or cooking; to
- (b) Foods that are prepared or cooked on-site and served directly to the consumer that day; to
- (c) Foods that must be prepared in the operation in advance and reheated or cooled over the course of multiple days of operation.

A Benevolent (non-profit) organization **must provide** a tax ID number.

For additional information, please visit our website or contact this office at (503) 842-3943.

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TEMPORARY RESTAURANT LICENSE APPLICATION

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

APPLICATIONS MUST BE RECEIVED AT LEAST 5 WORK DAYS PRIOR TO EVENT OR TWO WEEKS BEFORE FARMERS MARKET

FILL OUT APPLICATION COMPLETELY.

For information or additional applications, contact this office or see the [Temporary Restaurant Operation Guide](#) and the [Oregon Food Sanitation Rules](#) on our website!

Name of Event:

Event Address: (include city, state, zip)

Restaurant or Organization:

Business Mailing Address: (include city, state, zip)

Primary Contact:

Phone:

Cell/Alt. #:

E-mail:

Dates of Operation during Event:

Start Date

End Date

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time							
End Time							

BENEVOLENT (Non-Profit)

Tax ID #:

- \$0 Single Event
- \$0 Intermittent Event
- \$0 Seasonal Event (including Farmers Market)

Application must be received **AT LEAST 5 WORK DAYS** prior to event or **TWO WEEKS** before Seasonal/Intermittent events

NON-BENEVOLENT (For Profit)

- \$95 Single Event
- \$60 Operational Review (Required for Intermittent or Seasonal Events)
- \$95 Intermittent Event (*requires Operational Review*)
- \$95 Seasonal Event (*requires Operational Review*)
- \$250 Farmers Market (**includes** license and operational review fees – must be received at least **TWO WEEKS** before the season begins to avoid a late fee)
- \$25 Licensed Mobile in other Oregon County (**with copy of current license**)
- \$20 LATE FEE** if application and payment are not received **AT LEAST 5 WORK DAYS** prior to event or **TWO WEEKS** before Farmers Market

Mail application and check or money order payable to: **Tillamook County Environmental Health**

OR Fax or E-mail application and call with MasterCard or Visa payment

THIS IS NOT A FOOD SERVICE LICENSE. YOUR LICENSE WILL BE DELIVERED WHEN YOUR BOOTH IS INSPECTED

*** RECEIPTS WILL BE SENT TO BENEVOLENT ORGANIZATIONS ***

DO NOT WRITE IN THE SPACE BELOW

Fee Received:	Ck/MO#:	Receipt #:
Received By:	Date:	Facility #:
Remarks:		

CONTINUED ON BACK – Please turn over to list Menu and Food Preparation Location

NO HOME PREPARED FOODS ALLOWED. All food must be purchased, prepared, and stored in facilities approved by Tillamook County Environmental Health.

MENU Please submit an accurate menu; OR list all food items, including toppings, below.

Food Item	Food Preparation Location				
EXAMPLE Spaghetti _____	<input checked="" type="checkbox"/> Onsite <input type="checkbox"/> Offsite _____				
EXAMPLE Spaghetti Sauce _____	<input type="checkbox"/> Onsite <input checked="" type="checkbox"/> Offsite <u>Bob's Kitchen, 123 Main St, Tillamook, OR 97141; 503-555-1234</u>				
_____	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite _____				
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Utensil Washing	<table border="0"> <tr> <td>Onsite <input type="checkbox"/></td> <td>Facility Name: _____ Phone: _____</td> </tr> <tr> <td>Offsite <input type="checkbox"/></td> <td>Address: _____</td> </tr> </table>	Onsite <input type="checkbox"/>	Facility Name: _____ Phone: _____	Offsite <input type="checkbox"/>	Address: _____
Onsite <input type="checkbox"/>	Facility Name: _____ Phone: _____				
Offsite <input type="checkbox"/>	Address: _____				

PLEASE HAVE FOOD HANDLER CARDS AVAILABLE FOR THE EVENT

License Applicant Signature: _____

Printed Name: _____ **Date:** _____

Required FHC: **Name:** _____

Inspector Comments:
