

Tillamook County

TOURIST ACCOMMODATION/POOL LICENSE APPLICATION

Type of Facility: Hotel/Motel RV Park Organizational Camp Pool/Spa
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 #: _____
Proposed Opening Date: _____ Number of Rooms/RV Spaces: _____
Operation is Year Round Seasonal Dates open: _____
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:

MOTEL OR RV PARK: # of spaces/rooms

- | | | | |
|---|------------------|--|----------|
| <input type="checkbox"/> 0-25 | \$272.04 | <input type="checkbox"/> ORGANIZATIONAL CAMP.... | \$400.16 |
| <input type="checkbox"/> 26-50 | \$379.60 | <input type="checkbox"/> 1ST POOL OR SPA | |
| <input type="checkbox"/> 51-100 | \$442.86 | <input type="checkbox"/> Year-Round..... | \$449.19 |
| <input type="checkbox"/> 101+..... | \$588.37 | <input type="checkbox"/> Seasonal..... | \$215.44 |
| <input type="checkbox"/> Each space over 100..... | \$4.50/
space | <input type="checkbox"/> 2ND POOL OR SPA | \$170.82 |

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