

Tillamook County
TEMPORARY RESTAURANT LICENSE APPLICATION

(A separate application is required for each booth/location/event)

APPLICATIONS MUST BE RECEIVED AT LEAST 5 WORK DAYS PRIOR TO EVENT OR TWO WEEKS BEFORE FARMERS MARKET (or other intermittent/seasonal event) TO AVOID A LATE FEE

EVENT INFO	Name of Event <i>(as advertised or otherwise listed)</i>	
	Event Coordinator Contact Information <i>(Name, Phone, and Email of the person in charge of planning the event)</i>	
	Event Street Address & City <i>(location the event will take place)</i>	
	Restaurant, Organization, or Booth Name <i>(name of the business that will be operating at the event)</i>	
	Restaurant/Organization Mailing Address <i>(where we will send billing or correspondence – city, state, zip)</i>	
	Primary Contact <i>(for billing and inspections)</i>	Primary Contact Email
	Primary Contact Phone	Primary Contact Alternate Phone
	Date(s) of Event	Hours of Operation

PLEASE CHECK ALL THAT APPLY

BENEVOLENT (Non-Profit)	NON-BENEVOLENT (For Profit)	
<input type="checkbox"/> Tax ID #: _____ <input type="checkbox"/> \$30 Single Event Admin Fee <input type="checkbox"/> \$30 Intermittent Event Admin Fee <i>(*requires Operational Review)</i> <input type="checkbox"/> \$30 Seasonal Event Admin Fee <i>(including Farmers Market – *requires Operational Review)</i> <input type="checkbox"/> \$15 Operational Review Admin Fee <input type="checkbox"/> \$20 LATE PAYMENT ADMIN FEE	<input type="checkbox"/> \$120 Single Event <input type="checkbox"/> \$120 Intermittent Event <i>(*requires Operational Review)</i> <input type="checkbox"/> \$120 Seasonal Event <i>(*requires Operational Review)</i> <input type="checkbox"/> \$60 *Operational Review <i>(required for Intermittent or Seasonal Events)</i> <input type="checkbox"/> \$300 Farmers Market (includes license and operational review fees)	<input type="checkbox"/> \$25 Licensed Mobile Unit from another Oregon County (with copy of current mobile license) <input type="checkbox"/> \$50 LATE FEE
		EXEMPT FOODS <i>(requires Exempt Foods Application)</i>
		<input type="checkbox"/> \$10 Application Admin Fee <input type="checkbox"/> \$ 5 LATE PAYMENT ADMIN FEE

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

OR

Email or Fax application & pay with
 MasterCard or Visa over the phone:
abonato@co.tillamook.or.us
 Fax: 503-842-3983
 Phone: 503-842-3943

If submitted electronically, application must be in PDF format – JPG and other image formats will not be accepted.

THIS IS NOT A FOOD SERVICE LICENSE

For information or additional applications, contact this office at 503-842-3943 or abonato@co.tillamook.or.us, or see the [Temporary Restaurant Operation Guide](#) and the [Oregon Food Sanitation Rules](#) on our [website!](#)

Fee Received by: _____	Fee: _____	Chk #: _____	Date: _____
Office Use Only			

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.

Where will food be prepared?	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Address: _____
Utensil Washing	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Address: _____

Do you have:

<input type="checkbox"/> Dishwash set up (3 bins) if applicable	<input type="checkbox"/> Thin-tip metal-stem thermometer	<input type="checkbox"/> Garbage Can
<input type="checkbox"/> Portable handwash set up	<input type="checkbox"/> Sanitizer (bleach or quat)	
<input type="checkbox"/> Water container	<input type="checkbox"/> Test strips	
<input type="checkbox"/> Soap		
<input type="checkbox"/> Paper towels		

1. How will food be kept cold? (*ice chest, fridge, etc.*)
2. How will food be kept hot? (*steam table, warmer, crockpot, etc.*)
3. What will you do with leftovers?
4. Name of person(s) who will be onsite with a food handler card:
5. Where is wastewater being discarded?
6. Where are you getting your potable water?

PLEASE HAVE FOOD HANDLER CARDS AVAILABLE FOR THE EVENT

License Applicant Signature: _____

Printed Name: _____ **Date:** _____

Inspector Comments:



Exempt Foods Agreement Form

**An establishment or organization that prepares or sells non-potentially hazardous food items for immediate consumption at events are exempt from licensure if the criteria below is met.
OAR 333-150-0000**

Applicant Name: _____ Business Name, if applicable: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

List food items you will be preparing or serving at events: _____

Please read the statements below and check the box to indicate you will comply with these requirements.

- Food employees will not contact exposed, ready-to-eat food with their bare hands and use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment
- A temporary handwashing facility is provided, section 5-203.11(C)
- A notice is posted in public view that states: "NOTICE: Food served at this location may not have been inspected by the regulatory authority" or similar language that has been approved by the regulatory authority
- All ingredients, including water and ice, must be from an approved source and the product must be produced using safe food handling practices

Citrus juice vendors must also comply with these requirements:

- Vendors of raw citrus juices such as lemon, lime, orange and grapefruit that express the juice at the event location and prepare and sell the product only for immediate consumption in individual servings are exempt from licensure. If raw citrus juice is sold or served that has not been specifically processed to prevent, reduce, or eliminate the presence of pathogens, the following notice must be posted. "NOTICE: This product has not been pasteurized or processed". **All other types of juice must be licensed.**

The regulatory authority may require a food establishment license if there are food safety concerns associated with an exempt food service operation or for failure to abide by the requirements above.

An administrative fee may be charged by the regulatory authority to review and approve this form

I agree to comply with the provisions of the Oregon Food Sanitation Rules OAR 333-150-0000. Furthermore, I attest that the information provided on this form is accurate. This form must be kept at the event location during all hours of operation.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Fee received: _____ Date: _____
 Cash Check# _____ Money Order

Reviewed by: _____ Date: _____
 Approved Not Approved

For food vendors:

NOTICE:

Food served at this location may not have been inspected by the regulatory authority

For citrus juice vendors:

NOTICE:

Food served at this location may not have been inspected by the regulatory authority. Raw citrus juices have not been pasteurized or processed.