

Tillamook County

RESTAURANT/B&B/VENDING LICENSE APPLICATION

Type of Facility: ☐ Restaurant ☐ B&B ☐ Vending

Application for: ☐ New Construction ☐ Remodel ☐ New Owner ☐ Update Information

FACILITY / INSPECTION INFO

Trade Name of the Business <i>(name customers will see)</i>		
Business Address <i>(number and street address of the location that will have the license)</i>		
City	State	Zip
Phone # of the Business Location	Email Contact(s) for this Location <i>(for inspections)</i>	
Contact Person(s) for this Location <i>(for inspections)</i>		Contact Person(s) Phone Numbers(s) <i>(for inspections)</i>
Operating Days/Hours of this Location		Number of Seats
Proposed Opening Date	Water System <input type="checkbox"/> Public <input type="checkbox"/> Private	
	Water System Name:	
Was this Location previously licensed by Tillamook CHC? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Location's Former Name		Date Location Closed <i>(or new owner took over)</i>

OWNER LICENSE / BILLING INFO

Entity <i>(corporation, LLC, etc.) or Individual Applying for License</i>		
License/Billing Contact Name <i>(the person we will contact RE: licensing/billing)</i>		
Billing Address <i>(mailing address of the location that will receive billing and license information)</i>		
City	State	Zip
Primary Phone # of the License/Billing Contact		Alternate Phone # of the License/Billing Contact
Email for the License/Billing Contact		
Alternate Contact Name <i>(for billing and licensing)</i>		
Primary Phone # of the Alternate Contact	Email for the Alternate Contact	
Other Facilities Owned by Applicant <i>(currently or previously licensed by TCCHC)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Name of Other Facility/Facilities		

It is the responsibility of the applicant to meet the requirements of all the agencies with jurisdiction over this food and/or beverage establishment prior to opening. This may include, but is not limited to: zoning, plumbing, electrical, building, planning, sewer and water, fire marshal, FOG program for grease interceptors, utilities, public works, ODOT, OLCC, and/or Oregon-OSHA.

Check with the local city you wish to operate in and Community Development for permitting requirements. A sign-off will be required in order to be approved.

ALL FEES ARE NON-REFUNDABLE

PLEASE CHECK ALL THAT APPLY:

- | | |
|---|---|
| <p><input type="checkbox"/> RESTAURANTS:</p> <p><input type="checkbox"/> 0-15 seats \$672.40</p> <p><input type="checkbox"/> 16-50 seats..... \$766.02</p> <p><input type="checkbox"/> 51-150 seats..... \$868.16</p> <p><input type="checkbox"/> 151+ seats \$953.28</p> <p><input type="checkbox"/> Limited Service \$383.02</p> <p><input type="checkbox"/> Benevolent (nonprofit)..... \$216.32</p> <p><input type="checkbox"/> B & B \$510.69</p> | <p><input type="checkbox"/> VENDING MACHINE</p> <p><input type="checkbox"/> 1-40 units \$168.73</p> <p><input type="checkbox"/> 41-50 units \$247.47</p> <p><input type="checkbox"/> 51+ units..... \$337.46</p> <p><input type="checkbox"/> PLAN REVIEW</p> <p><input type="checkbox"/> New Construction \$250.00</p> <p><input type="checkbox"/> Remodel \$100.00</p> |
|---|---|

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 designated 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. Applicants must also meet all requirements of local Zoning, Fire, Planning, and Building departments prior to licensure. **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

OR

**Email or Fax application & pay with
MasterCard or Visa over the phone:**
allison.garcia@tillamookcounty.gov
Fax: 503-842-3983
Phone: 503-842-3943

*If submitted electronically, application **MUST BE IN PDF  FORMAT** – JPG/other image formats will not be accepted*

GUIDE FOR SUBMITTAL OF A Tillamook County Environmental Health Program Land Use Compatibility Statement (LUCS)

**For Licensing of a New Facility or Alteration/Expansion of an
Existing Licensed Facility. Completed LUCS must accompany license
applications. Incomplete applications will not be accepted.**

Traveler's accommodations such as hotels, motels, bed and breakfast enterprises, room and board facilities, campgrounds, and RV parks are regulated through local land use programs and are subject to local land use review and/or zoning approval.

The attached Land Use Compatibility Statement (LUCS) is required for licensing a new facility or alteration/expansion of an existing licensed facility by Tillamook County Environmental Health. The LUCS must be submitted to the local planning and zoning jurisdiction and signed by the jurisdiction.

Please be advised the local planning jurisdiction may charge a fee for this service.
Please allow approximately 1-2 weeks for processing with the local planning jurisdiction.

Use of a single-family dwelling as a Short-Term Rental is regulated by the local jurisdiction. For properties within city limits, please contact city staff for information regarding Short-Term Rental regulations and operation requirements.

For properties located within unincorporated Tillamook County, please contact the Tillamook County Department of Community Development at 503-842-3408 for additional information for short-term rental licensing requirements.

Tillamook County Environmental Health Program Land Use Compatibility Statement

For Licensing of a New Facility or Alteration of an Existing Licensed Facility

Section 1 – To be completed by Applicant

Applicant Name:	Facility/Business Name:
Facility Contact Name:	Contact Name:
Email:	Business Phone:
Mailing Address:	Business Email:
Phone:	City, State, Zip:
City, State, Zip:	

Facility/Operation Description. *Type of development, business, or facility, and services or products provided (attach additional information, i.e. site plan if needed for review):*

Check the type of Health Permit(s), License(s) or Approval(s) being applied for at this time:

<input type="checkbox"/> Food Service <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____	<input type="checkbox"/> Mobile Unit <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____
<input type="checkbox"/> Tourist Accommodation <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____	<input type="checkbox"/> Pool & Spa <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____
<input type="checkbox"/> Schools & Childcare <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____	<input type="checkbox"/> Temp Food Event Describe: _____
<input type="checkbox"/> Contract Inspection <input type="checkbox"/> New or <input type="checkbox"/> Alteration Describe: _____	<input type="checkbox"/> Other (Please describe) _____

Use of a single-family dwelling as a Short-Term Rental is regulated by the local planning/zoning jurisdiction. For properties within city limits, please contact city staff for information regarding Short-Term Rental regulations and operation requirements. For properties located within unincorporated Tillamook County, please contact the Tillamook County Department of Community Development at 503-842-3408 for additional information for short-term rental licensing requirements.

Section 2 – To be completed by city or county planning official		
Applicant Name		Project Name
2A. The project proposal is located: <input type="checkbox"/> Inside city limits <input type="checkbox"/> Inside UGB <input type="checkbox"/> Outside UGB		
2B. Name of the city or county that has land use jurisdiction (the legal entity responsible for land use decisions for the subject property or land use):		
2C. <input type="checkbox"/> This project is not within the jurisdiction of any other land use, zoning, or planning entity.		
<input type="checkbox"/> This project is also within the jurisdiction of the following land use, zoning, or planning entity:		
<input type="checkbox"/> The activity or use is specifically exempt by the acknowledged comprehensive plan; explain:		
<input type="checkbox"/> Yes, the activity or use is pre-existing non-conforming use allowed outright by (provide reference for local ordinance):		
<input type="checkbox"/> Yes, the activity or use is allowed outright by (provide reference for local ordinance):		
<input type="checkbox"/> Yes, the activity or use received preliminary approval that includes requirements to fully comply with local requirements; findings are attached.		
<input type="checkbox"/> Yes, the activity or use is allowed; findings are attached.		
<input type="checkbox"/> No, complete below or attach findings for noncompliance and identify requirements the applicant must comply with before compatibility can be determined: <div>Relevant specific plan policies, criteria, or standards:</div> <div>Provide the reasons for the decision:</div>		
Additional comments (attach additional information as needed):		
Planning Official Signature:		Title:
Print Name:	Telephone #:	Date:
If necessary, depending on city/county agreement on jurisdiction outside city limits but within UGB:		
Planning Official Signature:		Title
Print Name:	Telephone #:	Date:

RESTAURANT/B&B/VENDING APPLICATION PACKET

Please submit the following documentation with your application along with the appropriate fees to Tillamook County Environmental Health. **Approval must be obtained prior to construction or operation of your unit.**

THIS APPLICATION EXPIRES ONE YEAR FROM DATE OF APPROVAL

- ☐ Restaurant/B&B/Vending License Application
- ☐ Complete Menu: A printed menu or list of all food you will serve
- ☐ List of Finishes (see table for examples)
- ☐ Menu & Procedure Review
- ☐ Floor Plan/Equipment Layout
 - Complete plans drawn to scale, including floor plan, equipment specification sheets and location, and plumbing fixtures. Please include:
 - Refrigeration and freezer equipment
 - Cooking equipment
 - Hood vent
 - Dishwasher
 - Sinks (handwash, three-compartment sink, prep, etc.)

The following table provides acceptable finishes for floors, walls, and ceilings by area:

Area	Floor	Wall	Ceiling
Cooking	Quarry tile; vinyl composition tile (VCT); poured epoxy	Stainless steel; aluminum; ceramic tile	Vinyl-wrapped acoustical ceiling tile (ACT); vinyl-roc; epoxy painted drywall
Food prep	Same as above	Same as above plus fiberglass reinforced panels (FRP); epoxy painted drywall; filled block and epoxy painted drywall; glazed surface	Same as above
Bar	Same as above	Same as above for areas behind sinks	Same as above
Food storage	Same as above	Same as above	Vinyl-wrapped ACT, epoxy painted drywall
Toilet room/dressing room	Quarry tile; sealed, poured, seamless concrete; VCT; poured epoxy	FRP; epoxy painted drywall; filled block and epoxy painted drywall; glazed	Vinyl-wrapped ACT; vinyl-roc; epoxy painted drywall
Garbage and refuse area - interior	Same as above	Same as above	Same as above
Mop/Service sink area	Quarry tile; poured, seamless, sealed concrete	Stainless steel; FRP, filled block, glazed surface, tile	Same as above
Warewashing area	Quarry tile; VCT; poured epoxy	Same as above	Same as above

MENU & PROCEDURE REVIEW

This section must be filled out by the operator and submitted with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The "Food Sanitation Rules," OAR 333-150-0000 can be obtained at: <http://www.tillamookchc.org/eh>

Training & Policies

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions (2-201.12):

2. What are employees told about working when ill (2-201.12)?

3. Provide your established hand washing policy (2-301.14, 2-301.13, 2-301.12, 2-301.15):

4. How are employees informed about hand washing requirements (2-103.11(L))?

5. How do you enforce hand washing and ill employee requirements (2-201.12, 2-103.11(D) & (K))?

6. Who will be your people in charge (2-101.11)?

7. Are you aware of the rule that requires a "knowledgeable" person to be present at all times of operation (2-102.11)?
Yes__ No__

8. List the types of food probe thermometers (0-220°F) that food handlers will be using and where the thermometers will be kept (4-302.12 & 4-203.11)?

9. How do you calibrate your food probe thermometers and how often? (4-502.11(B))?

10. How do you clean and sanitize your probe thermometer (4-602.11(4))?

11. What type of chemical sanitizer will be used; ☐ chlorine ☐ quaternary ammonium (4-501.114)?
At what concentration do you use this sanitizer? _____
Do you have test strips for your sanitizer (4-302.14)? _____
How do you accurately determine sanitizer concentration (4-501.116)?

12. Describe how cutting boards, counter tops, equipment and other food contact surfaces that are too big to be submerged into sinks and too big for the dishwasher are cleaned and sanitized (4-603.15)?
13. When does cleaning and sanitizing need to occur (4-602.11)?
14. Describe how you will minimize the handling of ready-to-eat food. For example will you use disposable gloves to prepare ready-to-eat food (2-103.11(K))?
15. Describe when and where produce will be washed prior to use (3-302.15 & 5-402.11):

Food Preparation

1. List food from animals that you will serve raw or partially cooked such as sushi, steak tartar, and oyster shooters (3-603.11):
2. If serving raw fish (sushi, lox, ceviche), will parasite destruction be done on-site or by the supplier (3-402.11 & 3-402.12)?
 - ☐ On-site: Provide your procedure on parasite destruction (*A freezer used for parasite destruction must maintain -4°F for 7 days. Measure and record temperature of freezer unit daily.*)
 - ☐ Supplier: Provide the name of your supplier and documentation to show parasite destruction. (*Each invoice received from the supplier shall state the specific fish by species that have been frozen to meet the parasite destruction requirements under 3-402.11.*)
3. Describe any food processing within your facility (specialty processes like smoking meats, juicing, sous vide, canning, vacuum sealing, sprouting, etc.) (3-502.11):

Holding Food Temperatures Cold & Hot (Chapter 3-501)

1. How will you ensure that each refrigerator has a working thermometer and that the temperature is maintained at 41°F or colder (4-203.12, 4-204.112, 4-502.11)?
2. Is an ice machine provided and indirectly drained? Yes__ No__ (5-402.11)
 - a. If you will be using ice to keep food cold, such as a salad bar, describe how food will be stored:
3. Describe your procedure for date marking of ready-to-eat potentially hazardous food items:

4. How will you store raw animal food to prevent contamination of ready-to-eat food (3-302.11)?
 - a. The animal product with the lowest cooking temperature must be stored above other raw animal products that require a higher cooking temperature (e.g. raw fish above ground beef).
5. How and where will frozen food be thawed (3-501.13)?
6. What type of equipment will you use for holding food hot? How will you ensure that food is at the required temperature throughout the day?

Cooling

1. Describe what your cooling procedures will be for soups, chowders or gravies, and solid food.
2. How will food handlers know that the food has cooled from 135°F to 70°F within two hours and then from 70°F to 41°F within 4 hours?

Cooking & Reheating

1. Describe how the food worker will know when raw animal products are fully cooked (3-401.11):
2. How will the cook know that all parts of the food being reheated have reached at least 165°F for 15 seconds within 2 hours?
3. How will you reheat foods?

Self Service

1. Will you provide self-service food or drinks to your customers? Yes___ No___
2. How will you protect food in self-service areas from customer contamination (3-306.11 & 3-306.13)?

Food Sanitation Rules OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes___ No___ *The rules are online at: <http://www.tillamookchc.org/eh>. If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.*

Statement: I hereby certify that the above information is correct and I fully understand that any deviation from the above without prior permission from this Health Regulatory Office may nullify final approval.

Signature(s) of Owner(s) or responsible representative(s):

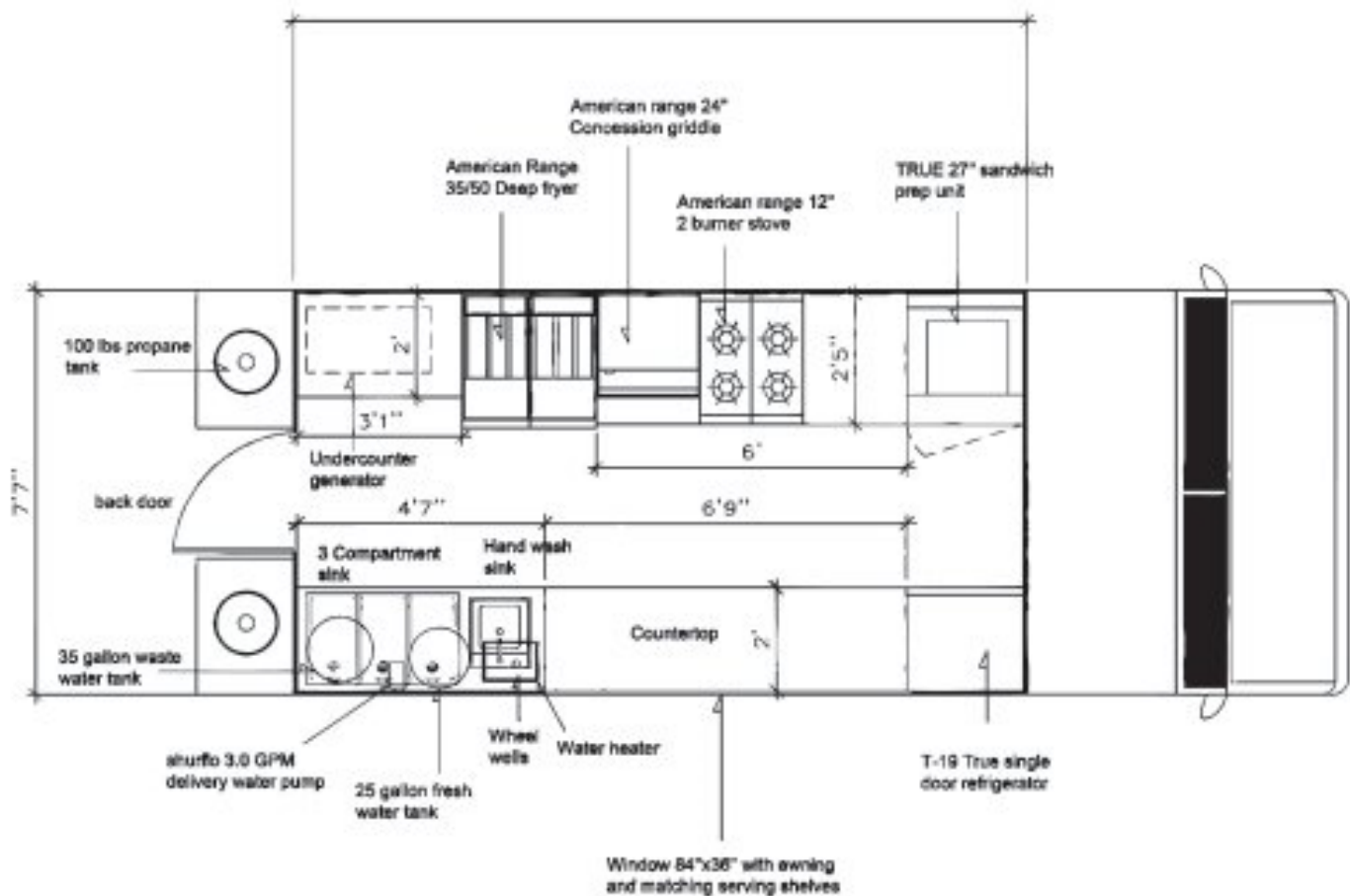
_____ Date _____

_____ Date _____

_____ Date _____

Approval of these plans and specifications by the Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required -- federal, state or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). A pre-opening inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Food Sanitation Rules (Oregon Administrative Rules Chapter 333).

***FLOOR PLAN LAYOUT EXAMPLE:**



Note: Your floor plan does not need to be an engineer's copy, but it must have all the required information from Tables 2-8 clearly shown.

Please draw your facility plans here –
does not need to be to scale

A floor plan shall be submitted with the initial application and/or when a facility is being constructed or remodeled. The floor plan shall show dimensions of all rooms to be used (length and width), the planned use of each room, the placement and number of toilets and handwashing sinks, and the location of the fixtures and plumbing in the kitchen. If the facility is located within or attached to a building used for purposes other than child care, the floor plan shall describe the other activities which are carried out in adjoining rooms or buildings.