

**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  Update Information

**FACILITY / INSPECTION INFO**

<b>Trade Name of the Business</b> <i>(name customers will see)</i>		
<b>Business Address</b> <i>(number and street address of the location that will have the license)</i>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone # of the Business Location</b>	<b>Email Contact(s) for this Location</b> <i>(for inspections)</i>	
<b>Contact Person(s) for this Location</b> <i>(for inspections)</i>		<b>Contact Person(s) Phone Numbers(s)</b> <i>(for inspections)</i>
<b>Proposed Opening Date</b>		<b>Number of Rooms/RV Spaces</b>
<b>Operation is:</b> <input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal <p align="center"><b>Dates open:</b></p>		
<b>Was this Location previously licensed by Tillamook CHC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If Yes, Location's Former Name</b>		<b>Date Location Closed</b> <i>(or new owner took over)</i>

**OWNER LICENSE / BILLING INFO**

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

**PLEASE CHECK ALL THAT APPLY:**

MOTEL OR RV PARK: # of spaces/rooms

- |   |                  |  |          |
|---|------------------|--|----------|
| <input type="checkbox"/> 0-25 .....               | \$306.02         | <input type="checkbox"/> ORGANIZATIONAL CAMP.... | \$450.13 |
| <input type="checkbox"/> 26-50 .....              | \$426.99         | <input type="checkbox"/> 1ST POOL OR SPA         |          |
| <input type="checkbox"/> 51-100 .....             | \$498.16         | <input type="checkbox"/> Year-Round.....         | \$505.28 |
| <input type="checkbox"/> 101+ .....               | \$661.83         | <input type="checkbox"/> Seasonal.....           | \$242.33 |
| <input type="checkbox"/> Each space over 100..... | \$4.50/<br>space | <input type="checkbox"/> 2ND POOL OR SPA .....   | \$192.15 |

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

**OR**

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