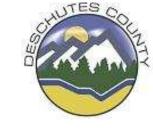


Deschutes County Environmental Health 2577 NE Courtney Dr. Bend, OR 97701 Bend, OR 97701



Phone: (541) 322-7400 Fax: (541) 322-7604

1. What type of temporary restaurant license are you renewing?

Renewal Application Intermittent and Seasonal Temporary Restaurant License

	Intermittent Temporary Res Seasonal Temporary Resta			
2.	Food Booth Name:			
3.	Event Name(s)/Location of Food Booth:			
	Dates of Event(s):			
	Owner/Applicant Name:			
	Daytime Phone:	Cell Phone:		
	Owner/Applicant Mailing Address	ss:		
	Email Address:			
4.	4. Have you changed your operation from the original plan that was approved by Environmental Health? No – Changes have not been made to my operation Yes – Changes that have been made since the original plan review approval are:			
5.	Are the event organizers providing the same infrastructure services (e.g., electricity, water, waste water dump station, garbage collection, etc.)? Yes – Same infrastructure is provided at the event site as with my previous license No – The event organizers have changed these items from what they previously provided			
	<u> </u>	nges, Environmental Health may req	uire a new operational plan review.	
l a	ttest that the information provide	d on this form is accurate.		
	Signature	Printed Nar	me Date	
		For Office Use Only		
	e Received: \$		Date: Date:	
кe	viewed by: Approved	Not Approved	New Plan Review Required	