



**Deschutes County Health Services**  
**Environmental Health Division**  
 2100 NE Wyatt Court  
 Bend, Oregon 97701  
 Phone: 541-317-3114 Fax: 541-322-7604



Event Name: \_\_\_\_\_  
 Event Coordinator: \_\_\_\_\_  
 Event Coordinator's Phone: \_\_\_\_\_

**TEMPORARY RESTAURANT LICENSE APPLICATION**

**\*Submit the proper fee with the completed application at least seven (7) calendar days prior to the event.**

**1. Restaurant/Organization:** \_\_\_\_\_

**2. Event Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Hrs of Food Service Operation (ex. 10 am – 4 pm): \_\_\_\_\_ Dates: \_\_\_\_\_

**3. Advance Preparation:** All food must be prepared in a facility approved by Health Services or the Dept. of Agriculture. For any foods prepared before the event, describe how the food will be cooked and rapidly cooled (include container type, food depth, and equipment). Some foods requiring extensive cooling and reheating may be prohibited.

Describe: \_\_\_\_\_

**NO HOME-PREPARED FOODS ARE ALLOWED**

**4. Food Temperature Control:** How will you provide for proper food temperature control?

a) Cold-holding devices (e.g., refrigerators, coolers)

Describe: \_\_\_\_\_

b) Hot-holding devices (e.g., warmer, steam table, heat cabinet)

Describe: \_\_\_\_\_

c) Rapid-heating devices (e.g., stove, oven, burner)

Describe: \_\_\_\_\_

**5. Must Obtain Before Event/Must Be On Site**

Hand-washing Facilities (Must be set up before any food preparation takes place)

Describe: \_\_\_\_\_

Probe Thermometer to check food temperatures (Range of 0°-220°F)

Food Handlers Cards (1 certified worker per shift) [www.orfoodhandlers.com/](http://www.orfoodhandlers.com/)

Refrigerator Thermometer in every cooler/refrigerator unit

Test Strips for sanitizing solution (e.g., 1 tsp. chlorine bleach per gallon of water = 50 to 100 ppm chlorine)

\* For Benevolent Organizations only (Nonprofit tax ID). (\_\_\_\_\_)

\*\*Please contact our office at (541) 317-3114 for license fee amount.

**6. Leftovers:** What will you do with leftover food?

Describe: \_\_\_\_\_

**7. Booth Construction:**

Type of Overhead Protection Provided: \_\_\_\_\_

Type of Floor Provided: \_\_\_\_\_

Type of Screening Provided: \_\_\_\_\_

**8. Water Source:** \_\_\_\_\_

**9. Menu:** (List all food items, including toppings)

<u>Food Item</u>	<u>Served</u>	<u>On-site/Off-site</u>	<u>Describe location/cooking method</u>
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____
_____	Hot <input type="checkbox"/> Cold <input type="checkbox"/>	_____/____	_____

**10. Dishwashing Facilities**

Describe: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Used for (Off-Site) Food Prep, Storage, and Utensil Washing:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Off Site Facility Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS LICENSE IS VALID FOR ONLY ONE EVENT.  
WEEKLY EVENTS, SUCH AS FARMER'S MARKETS,  
REQUIRE A SEPARATE LICENSE PLUS AN  
OPERATIONAL REVIEW FEE**

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ Tech Initials \_\_\_\_\_ Start Date of Event \_\_\_\_\_