



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

**PHONE: (541) 322-7400
FAX: (541) 322-7604**

**FOOD SERVICE
LICENSE APPLICATION
RESTAURANT / BED AND BREAKFAST**

Check all that apply:

- Restaurant Bed & Breakfast (B&B Tourist License also required)
 New Construction Remodel
 Change of Ownership - Former Establishment Name _____
 Renewal

Please print:

Establishment name _____

Physical Address of Establishment _____
Street and Number City State Zip

Mailing address of Establishment _____
Street and Number City State Zip

Establishment Telephone _____ Establishment E-mail _____

Number of indoor seats _____ Contact E-mail _____

Owner/Applicant Name _____

- Individual Corporation Partnership Other _____

Owner telephone (____) _____ Owner E-mail _____

Owner mailing address _____
Street and Number City State Zip

Do you own other food service establishments? Yes No Name(s) _____

The payment of \$ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333 of the Department of Human Services may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Please call this office if you have questions about your license, fees, facility inspections or how to obtain a Food Handler's Certificate. You can take your Food Handler's test online by going to:
<http://www.orfoodhandlers.com/>

In the event of transfer of ownership, the new owner must immediately secure a new license. All licenses expire on December 31st of the year in which they are issued.

Applicant Signature

Date

Mail application and check payable to: **Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Drive
Bend, OR 97701**

For office use:
 Receipt # _____ Staff initials _____ Computer # _____