



Deschutes County Health Services
Environmental Health Division
 1550 NE Williamson Blvd., #110
 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/

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)

Please provide Nonprofit tax ID: _____

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 _____