



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

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

TOURIST FACILITY LICENSE APPLICATION

- Hotel / Motel Recreational Vehicle Park Campground
 Organizational Camp Hostel
 Bed & Breakfast (B&B Food Service License is also required)

Number of units/rooms/spaces _____

- Year Round Seasonal - (if seasonal) Dates of Operation _____
 New Construction Remodel Change of Ownership / Former Facility Name _____

Please print

Establishment name _____

Exact **location** of business _____
Street and Number City State Zip

Mailing address _____
Street and Number City State Zip

Facility telephone _____ Facility E-mail _____

Owner telephones _____

Owner Name _____ Owner E-mail _____

Owner Mailing Address _____
Street and Number City State Zip

This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these Statutes and Administrative Rules there under. I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and that the information given in the above application is complete and accurate to the best of my knowledge.

Applicant signature

Date

Mail Application and License Fee of \$ _____
in check or money order payable to:

Deschutes County Health Services
Environmental Health Division
2577 NE Courtney Drive
Bend, OR 97701

NOTICE: Any person initially licensed under ORS Chapter 446 for engaging in the recreation park or traveler's accommodation business who has failed to renew a license on or before the expiration date is delinquent. **If delinquency extends 15 days past the expiration date, a penalty fee of 50 percent of the annual license fee shall be added. The penalty fee shall be increased by 50 percent of the license fee on the first day of each succeeding month of delinquency. In the event of transfer of ownership, the new owner must immediately secure a new license.**

For office use:

Receipt # _____

Staff initials _____

Computer # _____