



TOURIST FACILITY LICENSE APPLICATION

Establishment ID: _____
Owner ID: _____
For office use only

- ☐ Traveler's Accommodation ☐ Recreation Park
☐ Organizational Camp ☐ Hostel
☐ Bed & Breakfast (B&B Food Service License also required)
☐ New Construction ☐ Remodel
☐ Change of Ownership Former establishment name: _____

Establishment Name: _____

Establishment Physical Address: _____

Establishment Billing Address: _____

Establishment Phone #: _____ Number of units/beds/spaces: _____

Owner/Applicant Name: _____

☐ Individual ☐ Corporation ☐ Partnership ☐ Other: _____

Do you own other establishments licensed by the Health Dept.? ☐ No ☐ Yes

Name(s): _____

Owner Physical Address: _____

Owner Billing Address: _____

Owner Phone #: _____ Owner Cell #: _____

Owner Fax #: _____ Owner E-mail: _____

This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder. 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.

Signature of Applicant: _____ Date: _____

Mail application and check payable for \$ _____ to your local Environmental Health Office at:

Coos Health and Wellness
Environmental Health
281 LaClair St
Coos Bay, OR 97420
541-266-6720

FOR OFFICE USE ONLY

Fee received: _____ Date: _____

☐ Cash ☐ Check# _____ ☐ Money Order

Inspected by: _____ Date: _____

☐ Approved ☐ Not Approved