



TOURIST FACILITY LICENSE APPLICATION

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

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

Establishment Name: _____

Sewer system: Private Public

Water system: Private Public Public Water System Name/Number: _____

Owner/Applicant Name: First: _____ Last: _____

Individual Corporation Partnership Other: _____

DBA or C/O: _____

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

If yes, Establishment Name(s): _____

Owner Mailing/Billing Address: _____

Owner Cell #: _____ Owner Phone #: _____

Owner E-mail: _____ Owner Fax #: _____

Alternate Contacts: _____

Primary e-mail for billing/correspondence: _____

Establishment Physical Location: _____

Number of units/rooms/spaces: _____

Establishment Mailing/Billing Address: _____

Establishment Phone #: _____

Establishment Website: _____

The payment of \$ _____ license fee is hereby made for application to operate the above establishment in compliance with all applicable tourist facility regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 446, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: _____ Date: _____

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Fee received: _____ Date: _____
 Cash Check# _____ Money Order

Inspected by: _____ Date: _____
 Approved Not Approved