



## TEMPORARY RESTAURANT LICENSE CHANGES EFFECTIVE MARCH 1, 2012

**Temporary Restaurant Licenses** are required when food is prepared or served for consumption by the public at events. **Your Temporary Restaurant License will fall into one of the following three categories:**

<b>SINGLE Temporary Restaurant License</b>	<b>SEASONAL Temporary Restaurant License</b>	<b>INTERMITTENT Temporary Restaurant License</b>
<p>Operates in conjunction with a <b>single</b> public gathering, entertainment event, food production program or other event. Must be same location.</p> <p>Valid for <b>30 days</b> of continual operation.</p>	<p>Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events that are arranged for by <b>the same</b> oversight organization*.</p> <p>Must be same menu, location, and access to same sanitation services.</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to <b>90 days</b>.</p> <p>Subject to Operational Review.</p>	<p>Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events, <b>at least two</b> of which are arranged for by <b>different</b> oversight organizations*.</p> <p>Must be same menu, location and access to same sanitation services.</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to <b>30 days</b>.</p> <p>Subject to Operational Review.</p>

**\*Oversight Organization** is any entity responsible for organizing, managing, or otherwise arranging of a public gathering, entertainment event, food product promotion or other event, including but not limited to ensuring the availability of water, sewer and sanitation services.

**Operational Review** is the examination of a plan of operation for an establishment in order to ensure that the proposed operation conforms with applicable sanitation standards.

Operational Reviews are required for **initial Seasonal** or **Intermittent** temporary restaurant licensing **or** when a licensed facility either changes their location or makes “substantial menu alteration” which means a change of menu that increases the complexity of the menu of a seasonal temporary restaurant and intermittent temporary restaurant operation. An increase in complexity occurs when the menu moves from:

- (a) Service of ready-to-eat foods that requires no further preparation or cooking; to
- (b) Foods that are prepared or cooked on-site and served directly to the consumer that day; to
- (c) Foods that must be prepared in the operation in advance and reheated or cooled over the course of multiple days of operation.

For additional information please contact this office at (503) 846-8722.



**Department of Health and Human Services****Environmental Health Program**

155 N. First Ave, MS 5, Suite 170

Hillsboro, OR 97124

Telephone: 503-846-8722 Fax: 503-846-3705

[www.washcofoodsafety.com](http://www.washcofoodsafety.com)**Public Health**  
Prevent. Promote. Protect.**TEMPORARY RESTAURANT LICENSE APPLICATION**

(A separate application is required for each booth per location. If multiple booths at one event, complete the back page for each booth type.)

**FILL OUT APPLICATION COMPLETELY.** After your application is processed, you may be contacted during county business hours (M-F 8-5) to answer additional questions. Please indicate a day and time to call: \_\_\_\_\_ (date) \_\_\_\_\_ (time). For information contact this office or see the **Temporary Restaurant Operation Guide** and the **Oregon Food Sanitation Rules** online.**Name of Event:**

Event Address: (include city, state, zip)

License Type:     Single Event     Intermittent Event     Seasonal Event*Intermittent and Seasonal Only:*     Renewal                      If renewal, serving same menu:     Yes     NoCheck One:     For Profit     Benevolent – Nonprofit Tax ID #: \_\_\_\_\_**Booth Name/Number:**Dates of Operation:    Start Date                      End Date

Days and Times of Operation:		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

**License Applicant:**

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Restaurant or Organization:**

Business Address: (include city, state, zip)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Booth Operator:** (if other than above)

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Additional Contacts:

**Event Organizer:** (additional space provided on Attachment A for Intermittent and Seasonal Temporary Events)

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW**

Fee Received: \_\_\_\_\_ Ck/MO#: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Facility #: \_\_\_\_\_

Remarks: \_\_\_\_\_

**No Home Prepared Foods Allowed.** All food must be purchased, prepared and stored in facilities approved by Washington County Environmental Health.

**MENU** Please submit an accurate menu or list all food items, including toppings below.

Food Item	Preparation	Offsite Location
<b>EXAMPLE</b> Spaghetti Sauce Served/Held: Hot <input checked="" type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input checked="" type="checkbox"/>	Facility Name: <u>Bob's Kitchen</u> Phone: <u>503.555.1234</u> Address: <u>123 Main St, Hillsboro OR 97123</u>
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
Utensil Washing	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____

ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY

Water Source:

Ice Source:

Sewage Disposal: (check all that apply)  Public  Septic  Portable Toilet Service  Portable Onsite Wastewater Tank

License fees are based on the type of business operation. Please see the fee schedule to determine the amount and submit the proper fee with completed application prior to the event. All information provided is a matter of public record. An additional fee may be imposed if a reinspection is necessary to verify correction of violation.

Mail application and check or money order payable to: **Washington County Environmental Health**

**License Applicant Signature:**

**Printed Name:**

Date: