

ENVIRONMENTAL HEALTH SECTION RESTAURANT AND BED & BREAKFAST LICENSE

In order to protect the public's health, the Health Department requires all food service facilities to obtain a license and be inspected. Through inspection, the Health Department is able to identify hazardous conditions that allow bacteria to grow, and bacteria and viruses to be spread to food items. These are the conditions that are responsible for causing foodborne illnesses. After identifying these conditions the Health Department is able to work with the operator of the food establishment to eliminate and control these conditions.

<h3 style="margin: 0;">RESTAURANT AND BED & BREAKFAST LICENSE APPLICATION</h3>

In filling out the Restaurant and Bed & Breakfast License Application, it is important that all appropriate lines are completed. The licensing process may be delayed if information is incomplete.

PART 1: RESTAURANT/ORGANIZATION/CONTACTS

Facility Number: - For office use, do not fill in number.

Facility Name: – This is the name of the restaurant.

Is this a new Restaurant Facility and Location? – Check “Yes” if this facility has never been licensed at this location (no other food service establishment previously occupied this facility).

Date of Opening under new Ownership: - Enter date the restaurant or bed & breakfast will open under new ownership.

Was this facility licensed previously? – Check “Yes” if this facility was previously licensed as a food service establishment or bed & breakfast.

Date of Last Operation for previous Owner: - For a previously licensed facility, when did previous owner last operate?

Former Facility Name: - Enter previous name of restaurant, if known.

Do you own other facilities? – Check appropriate box.

Facility Location Address: – This is the physical address of the restaurant.

Owner Name [individual(s)]: - This is the name of the individual(s) that owns the restaurant.

Corporation Name: – This is the name of the corporation (Inc., LLC, etc.) that owns the restaurant.

Billing Name: – This is the name of the person we will send current license, billing invoices and all correspondence.

Billing Address: – This is the address to which facility information will be mailed.

Owner Home Address: – This is the home address of owner.

Owner Home Telephone Number: – This is the home telephone number of the individual that owns the restaurant.

Facility Telephone Number: – This is the restaurant’s telephone number at the facility.

Owner Office Telephone Number: – This is the owner’s telephone number at the office.

Facility FAX Number: – This is the FAX number at the restaurant.

Owner Cell Phone Number: – This is the cell phone number of the individual that owns the restaurant.

Office FAX Number: - This is the FAX number at the office.

FOR APPROPRIATE LICENSE FEE, PLEASE REFER TO THE [FEE SCHEDULE](#) OR CALL THE ENVIRONMENTAL HEALTH OFFICE.

PART 2: SUBMISSION OF APPLICATION

Appropriate fee (refer to Restaurant / Bed & Breakfast Type table above) **is required** to be submitted in order to process the application. Make check payable to Multnomah County Environmental Health. The person applying for a license **must sign and date** the Restaurant and Bed & Breakfast License Application. The licensing process may be delayed if application is submitted with incomplete information. Application and appropriate fee can be mailed to:

MULTNOMAH COUNTY ENVIRONMENTAL HEALTH
3653 SE 34th Avenue
PORTLAND, OR 97202