



Facility #
Audit/License #

TEMPORARY RESTAURANT LICENSE APPLICATION

All portions of this application must be completed. Submit application 14 days before the event. **A late processing fee of \$50.00** will be added to each temporary license fee that is not received in the Environmental Health Office by noon two business days before the event begins. [MCC § 21.612]

1. **RESTAURANT/ORGANIZATION:** _____ Phone: _____

Licensee (owner or organization): _____

Address of Licensee: _____

EVENT: _____ Location of Event: _____

Event Dates: _____ Hours: _____

Event Coordinator: _____ Phone: _____

BOOTH: Set-up time on first day of event: _____ Start time: _____

Person in charge of booth: _____ Phone: _____

MENU (list all food items, including perishable toppings):

Food Item	How Served		Made to Order		Off-Site Prep		At Event Prep		Describe Cooking Method
	Hot	Cold	Yes	No	Yes	No	Yes	No	

2. **FOOD PREPARATION:** **No home-prepared foods are allowed.** All food must be prepared in a facility approved by the Health Department or the Department of Agriculture.

3. **FACILITY USED FOR FOOD PREP, STORAGE AND UTENSIL WASHING: (Do not leave blank)**

Name: _____ Phone: _____

Address: _____

 Signature of person granting permission to use off-site facility / Print Name

 Date

4. **HANDWASHING:** Handwash facilities must be set up (with free-flowing spigot) in the booth before time of food preparation. Provide warm water for handwashing.
Describe: _____
5. **DISPOSAL OF WASTE WATER:** i.e. water used for handwashing, washing dishware, bleach solution, cold/hot-holding) Describe: _____
(Waste water must not be disposed of on ground or in storm drain).
6. **FOOD TEMPERATURE CONTROL:**
How will you provide for proper food temperature control (below 41°F, or above 140°F) in booth?
- a. Cold-holding devices (i.e., refrigerator, ice chest, freezer)
Describe: _____
- b. Hot-holding devices (i.e., warmer, steam table, heat cabinet, burner)
Describe: _____
- c. Rapid-heating devices (i.e., stove, oven, burner, grill)
Describe: _____
7. **COUNTER CLEANING AND SANITIZING: (1/4 tablespoon of bleach per gallon of water and chemical test papers to monitor concentration of bleach). Provide 2 sanitizer set-ups.**
8. **BOOTH CONSTRUCTION** (Floor: non-absorbent surface such as wood, concrete or plastic tarp; **grass must be covered**) (Ceiling: hard or soft covered structures such as canopy or tent).
Describe: _____
9. **FOOD HANDLERS CARDS:** Must have before event Yes _____ No _____
PROBE THERMOMETER: (Range of 0° F-220°F) Yes _____ No _____

SUBMISSION OF APPLICATION:

This application must be returned **14 days prior** to the event with the proper fee. This enables our department to review your application ahead of time to address any possible concerns indicated on the application. All portions of the application must be completed.

<p>Refer to Fee Schedule or www.mchealthinspect.org or call office @ (503)988-3400 Temporary Event, 1 day Temporary Event, 2 – 30 days Benevolent Administrative Processing Fee NOTE: Days are based on number of consecutive calendar days</p>	<p>Make check payable to: Multnomah County Environmental Health 3653 SE 34th Avenue Portland, OR 97202</p>
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Benevolent Administrative Processing Fee (Once Each Calendar Year)

Benevolent temporary restaurants are charged a fee for the application process. This is not a license fee. A permission letter must be submitted with application if Benevolent Organization allows another operator to use its Non-profit Tax ID number. The Benevolent organizations are the responsible party for that event therefore approval for use of their Non-profit tax number must be verified. All proceeds must go to the benevolent organization.

Non-profit tax ID # _____ **(A photocopy of 501C3 is required)**

Inspection(s) of your temporary restaurant may occur at any time, whether or not workers are present, from the point of setting up to the point of closing down your food service operation. All temporary restaurant licenses are issued for each single event for the location, operator, and dates posted on each license.

*****INCOMPLETE TEMPORARY RESTAURANT LICENSE APPLICATIONS WILL NOT BE PROCESSED*****

Signature of Applicant _____ **Date** _____