



Deschutes County Environmental Health  
 117 NW Lafayette Avenue  
 Bend, Oregon 97701  
 541-388-6575



Oregon Department of Human Services

Event Name: \_\_\_\_\_  
 Event Coordinator: \_\_\_\_\_  
 Event Coordinator's #: \_\_\_\_\_

## TEMPORARY RESTAURANT LICENSE APPLICATION

**\*Submit the proper fee with the completed application at least ten (10) calendar days prior to the event.**

**1. Restaurant/Organization:** \_\_\_\_\_

**2. Event Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

Applicant: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Dates: \_\_\_\_\_

**3. Advance Preparation:** All food must be prepared in a facility approved by Health Services or the Dept. of Agriculture. For any foods prepared before the event, describe how the food will be cooked and rapidly cooled (include container type, food depth, and equipment). Some foods requiring extensive cooling and reheating may be prohibited.

Describe: \_\_\_\_\_

### NO HOME-PREPARED FOODS ARE ALLOWED

**4. Food Temperature Control:** How will you provide for proper food temperature control?

a) Cold-holding devices (e.g., refrigerators, coolers)

Describe: \_\_\_\_\_

b) Hot-holding devices (e.g., warmer, steam table, heat cabinet)

Describe: \_\_\_\_\_

c) Rapid-heating devices (e.g., stove, oven, burner)

Describe: \_\_\_\_\_

**5. Must Obtain Before Event/Must Be On Site**

Hand-washing Facilities (Must be set up before any food preparation takes place)

Describe: \_\_\_\_\_

Probe Thermometer to check food temperatures (Range of 0°-220°F)

Food Handlers Cards (1 certified worker per shift) [www.orfoodhandlers.com/](http://www.orfoodhandlers.com/)

Refrigerator Thermometer in every cooler/refrigerator unit

Test Strips for sanitizing solution (e.g., 1 tsp. bleach per gallon of water)

City or County land use approval

License Fee-\$125.00 if submitted less than 2 days prior to event. \*\*Less than 10 days starting 7/1/09  
 \$80.00 if submitted 2 calendar days prior to event. \*10 days is required starting 7/1/09.  
 \$40.00 for Benevolent. (Nonprofit tax ID No. \_\_\_\_\_)  
 \$200.00 if not purchased prior to event (operating without a permit)

6. **Leftovers:** What will you do with leftover food? \_\_\_\_\_  
Describe: \_\_\_\_\_

7. **Booth Construction:**  
Type of Overhead Protection Provided: \_\_\_\_\_  
Type of Floor Provided: \_\_\_\_\_  
Type of Screening Provided: \_\_\_\_\_

8. **Water Source:** \_\_\_\_\_

9. **Menu:** (List all food items, including toppings)

<u>Food Item</u>	<u>Served</u>		<u>On-site/Off-site</u>	<u>Describe location/cooking method</u>
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____
_____	Hot <input type="checkbox"/>	Cold <input type="checkbox"/>	/	_____

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Used for (Off-Site) Food Prep, Storage, and Utensil Washing:**

**Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Off Site Facility Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS LICENSE IS VALID FOR ONLY ONE EVENT.  
WEEKLY EVENTS, SUCH AS FARMER'S MARKETS,  
REQUIRE A SEPARATE LICENSE PLUS FEE EVERY WEEK,  
UNLESS THERE ARE AT LEAST SIX (6) TEMPORARY RESTAURANTS,  
THEN LICENSE VALID FOR 30 DAYS.**

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ Tech Initials \_\_\_\_\_ Start Date of Event \_\_\_\_\_