



POLK COUNTY ENVIRONMENTAL HEALTH

850 MAIN STREET, DALLAS, OR 97338
PHONE: (503) 623-9237 FAX: (503) 623-6009

Application # _____

Date Received: _____

Receipt # _____

Received By: _____

TEMPORARY RESTAURANT LICENSE APPLICATION

(All applications must be received at least 3 days prior to the event.)

(This is not a food service license)

Restaurant / Organization: _____

Event Name: _____ Location: _____

Hours of Operation: _____ Date(s): _____

Applicant Name: _____ Contact Phone #: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

LICENSE FEES: (Any application received at an event will be charged a \$100.00 license fee)

- Temporary Restaurant License – 1 Day Event **\$45.00**
- Temporary Restaurant License – 3 Day Event (Consecutive days, same location) **\$63.00**
- Intermittent Temporary Restaurant License (At least 2 events at the same location, arranged by different organizations, must be the same menu, valid for up to 30 days). **Requires a Plan view**** **\$63.00**
- Seasonal Temporary Restaurant License (Event(s) at the same location, arranged by the same organization, must be the same menu, valid for up to 90 days). **Requires a Plan Review**** **\$63.00**
- Oregon Licensed Mobile Unit (3 Consecutive days, same location) **\$25.00**
- Benevolent (13 Events per year) (Tax exempt I.D # _____ Required) **\$36.00**

****The Plan Review fee is \$53.00. Check with our office for more information.**

MENU: (List all food items)

<u>Food Item</u>	<u>Served</u>	<u>Preparation</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"/>	_____	_____

GENERAL REQUIREMENTS: (To be obtained before event)

- Food Handler Card (At least one person with a valid food handler card must be present at all times.)
- Probe Thermometer to check internal food temperatures. (Range of 0 – 220 F)
- Refrigerator (Spirit) Thermometer in every cooler / refrigerator unit
- Hand Washing Station consisting of at least 5 gallons of warm water / soap / paper towels.
(Must be set up before any food preparation takes place.)
- Sanitizer Residual Test Strips for each type of sanitizer used.

Application is hereby made to operate the above temporary restaurant in compliance with the provisions of Oregon Revised Statutes, Chap. 624, and the Administrative Rules of the Oregon State Health Division pursuant thereto. As applicant, I understand I have the right to obtain a copy of the Temporary Restaurant Rules, and will relay them to the contact person in order to obtain compliance.

Applicant's Signature: _____ Date: _____

For Office Use Only

Benevolent Consult: Phone Counter Date of Consult: _____ REHS: _____

Comments: _____
