



Environmental Health Services

Application For Li	cense Touris	st Facility	7		
Name of establishment:			Establishment #:		
Exact location of establishmen	t:				
Business is owned by:			Zip	Bus. Phone #	Fax #
Mailing/Billing address:					Cell Phone #
Has the company name or ma			ear? 🗖 Yes 🏻	J No	
Name of applicant (operator):	Individual	Individual Partnership			
Email Address Number ar	nd Street (City	Zip	Bus. Phone #	Cell Phone #
Date applicant commenced by	usiness at this estak	olishment:			
If name of establishment has o	changed within the	past year give	prior name:		
All licenses issued under these states before January 1st of the next yearnd is subject to compliance with	ear. This application i	s made as requi	ired by Orego	n Revised Statutes,	
☐ Seasona	I		🗖 Organi	oark rs accommodatio zational camp d breakfast	n
If a combination of establishm	nents, please comp	lete a separat	e applicatio	n for each type of	establishment.
Please Indicate as follows accon	nmodations: Number of cabins, units if travelers Number of campsites and overnight spaces if recreation park Number of beds or capacity if hostel or organizational camp				
Fee: \$ (Please re	fer to fee schedule	or call our offi	ce for inform	ation)	
Make checks payable and	mail to: Multnoma	h County Env	/ironmental	Health Services	^^^^
I certify that the facility is in thereto, and the requiremer application is complete and	nts of the Building C	Codes Agency	and that the	0, the rules adopt information giver	ted pursuant n in the above
Signature of applicant (owner):	Pi	rinted name		Date	
Office Use ONLY:					
	Fee received: \$		Date fee received:		
Check #:	Cash/CC:		Fee i	eceived by:	
847 NE 19th Ave Suite 350 • Por	tland, OR 97232 • r	mchealthinspect.	org • Phone	e: 503.988.3400 •	Fax: 503.988.5844