

# Restaurant and Bed & Breakfast License Application

**PO Box 100, 315 SW 4<sup>th</sup> Ave, 2<sup>nd</sup> Floor, ALBANY OR 97321**

Is this a new Restaurant Facility and Location?	Yes	No	Date of Opening:
Are you renewing a license held by you?	Yes	No	Date of Last Operation:
Was this Establishment Licensed Previously?	Yes	No	Former Establishment Name:
Do you own other Establishments in Linn County?	Yes	No	Name of other Establishments:

**Owner Information:**

**Contact/Business Mailing Address:**

Owner's Name or Corporation Name	Contact Person
Address	Address
City/State/Zip	City/State/Zip
Telephone Number	Telephone Number
Corporate Officer:	Name of Chain

**Establishment Information:**

Establishment Name	Number of Seats:
Establishment Location Address	Establishment Telephone Number

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon State Health Division pursuant thereto. Payment of the \_\_\_\_\_ license fee is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Oregon State Health Division require denial or revocation of the license.

Make Check Payable To: **LINN COUNTY ENVIRONMENTAL HEALTH**

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Applicant's Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

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**DO NOT WRITE IN THIS SPACE BELOW**

Establishment ID Number \_\_\_\_\_ Owner ID Number \_\_\_\_\_

Inspection made by \_\_\_\_\_ Date \_\_\_\_\_

**Approval:** Yes No **Establishment Type:** Full Service Limited Service **Fee Received** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Date** \_\_\_\_\_

Remarks \_\_\_\_\_