



Center for Human Development, Inc.
 Environmental Health Services
 2301 Cove Ave., La Grande, OR 97850
 541-962-8818

Event Name: _____

Event Coordinator: _____

Event Coordinator's #: _____

TEMPORARY RESTAURANT LICENSE APPLICATION

Submit the proper fee with the completed application at least 2 (two) calendar days prior to the event.

Nonprofit tax ID No. _____

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)

Refrigerator Thermometer in every cooler/refrigerator unit

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

License Fees

One Day Event - \$43.00 Two Plus Days - \$61.00

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: _____

**VALID FOR 30 DAYS PROVIDED THE LOCATION, MENU AND EVENT
REMAIN THE SAME**



Oregon Department
of Human Services

FOR OFFICE USE ONLY

RECEIPT # _____ Tech Initials _____ Start Date of Event _____