

Center for Human Development, Inc. **Union County Environmental Health** 2301 Cove Ave., La Grande, OR 97850 Phone: 541-962-8818 Fax: 541-963-5272 www.chdinc.org/environmental-health

Event Name:



| | Event Coordinate | or: | | | | |
|--|--|--|--|--|--|--|
| | Event Coordinate | or: or's #: | | | | |
| TEMPORARY RESTAURANT LICENSE APPLICATION Submit the proper fee with the completed application at least seven (7) calendar days prior to the even Nonprofit tax ID No | | | | | | |
| 1. Restaurant/Organization: | | | | | | |
| 2. Event Address: | | City: | | | | |
| Applicant: | Day Phone: | City: | | | | |
| Mailing Address: | City: | State: | Zip: | | | |
| | D / | | | | | |
| 3. Advance Preparation: All food n Dept. of Agriculture. For any foods and rapidly cooled (include contain extensive cooling and reheating ma | nust be prepared in a facility appress prepared before the event, describer type, food depth, and equipment by be prohibited. | roved by Health ribe how the foodsent). Some foods | Services or the d will be cooked requiring | | | |
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License Fees

☐ City or County land use approval

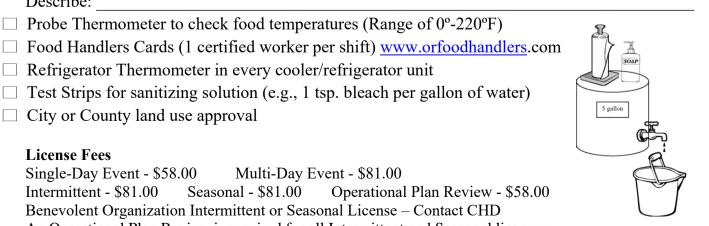
Describe:

Single-Day Event - \$58.00 Multi-Day Event - \$81.00 Seasonal - \$81.00 Operational Plan Review - \$58.00 Intermittent - \$81.00 Benevolent Organization Intermittent or Seasonal License - Contact CHD An Operational Plan Review is required for all Intermittent and Seasonal licensure

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

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

☐ Refrigerator Thermometer in every cooler/refrigerator unit



| | | th leftover food? | |
|--|---|------------------------------|--|
| 7. Booth Const Type of Over Type of Floo | ruction: rhead Protection Pro r Provided: | ovided: | |
| 8. Water Source | ee: | | |
| | | | M AN APPROVED PUBLIC WATER SUPPLY |
| 9. Menu: (List | all food items, inclu | ading toppings) | |
| Food Item | <u>Served</u> | On-site/Off-site | Describe location/cooking method |
| | Hot \square Cold \square | / | |
| | \square Hot \square Cold \square | | |
| | Hot \square Cold \square | | |
| | Hot \square Cold \square | / | |
| | \square Hot \square Cold \square | | |
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| | $\underline{\hspace{1cm}}$ Hot \square Cold \square | / | |
| 10. Dishwashin | | | |
| | | | |
| Applicants Sign | nature: | | Date: |
| Facility Used for Facility Name: | or (Off-Site) Food | Prep, Storage, and | Utensil Washing: |
| Address: | | | Phone: |
| | | | Date: |
| must remain the same | and the menu is not altered. ned or moved from the speci | This license expires 30 days | eific location in connection with a single public event. The location after issuance unless within 30 days the single-event temporary ense was issued. Examples include County Fairs, Rodeos, Festival |
| | s, at least two events arrange | | in connection with multiple public events having different The location must remain the same and the menu is not altered. |
| | ame and the menu is not alte | | onnection to an event arranged by one oversight organization. The 90 days. This license is catered specifically to Local Farmers |
| FOR OFFICE USE | ONLY | | |
| Receipt # | Tech Initials | License Type | Start Date of Event |