



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 Coordinator: \_\_\_\_\_  
 Event Coordinator's #: \_\_\_\_\_

## TEMPORARY RESTAURANT LICENSE APPLICATION

**Submit the proper fee with the completed application at least seven (7) 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) [www.orfoodhandlers.com](http://www.orfoodhandlers.com)

- Refrigerator Thermometer in every cooler/refrigerator unit

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

- City or County land use approval

**License Fees**

Single-Day Event - \$51.00      Multi-Day Event - \$72.00

Intermittent - \$72.00      Seasonal - \$72.00      Operational Plan Review - \$51.00

Benevolent Organization Intermittent or Seasonal License – Contact CHD

An Operational Plan Review is required for all Intermittent and Seasonal licensure

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:** \_\_\_\_\_

**ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY**

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"/>	_____/____	_____

10. **Dishwashing Facilities**

Describe: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Facility Used for (Off-Site) Food Prep, Storage, and Utensil Washing:**

**Facility Name:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Off Site Facility Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Single-Event, Multi-Day Temporary Restaurant** is a food operation at a specific location in connection with a single public event. The location must remain the same and the menu is not altered. This license expires 30 days after issuance unless within 30 days the single-event temporary restaurant is discontinued or moved from the specific location for which the license was issued. Examples include County Fairs, Rodeos, Festivals and other Community Events

**Intermittent Temporary Restaurant** is a food operation at a specific location in connection with multiple public events having different oversight organizations, at least two events arranged by different organizations. The location must remain the same and the menu is not altered. This license expires after 30 days.

**Seasonal Temporary Restaurant** is a food operation at a specific location in connection to an event arranged by one oversight organization. The location remains the same and the menu is not altered. This license expires after 90 days. This license is catered specifically to Local Farmers Markets or similar venue

FOR OFFICE USE ONLY

Receipt # \_\_\_\_\_ Tech Initials \_\_\_\_\_ License Type \_\_\_\_\_ Start Date of Event \_\_\_\_\_