Restaurant and Bed & Breakfast License Application

Establishment ID _____ Owner ID _____

DO NOT WRITE IN THE SPACE ABOVE

Establishment Name: _____

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? ☐ Yes ☐ No	
Owner Name:	Owner Telephone Number:
Owner Mailing Address:	
Business Office Contact:	Email Address:
Business Office Mailing Address: (if different than Owner's)	
Establishment Street Address:	
Establishment Telephone Number:	Manager's Name:
Establishment Mailing Address: (if different than Establishment Street Address)	
Establishment Type:	Seating Capacity:

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 (nonrefundable) 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 Sate Health Division require denial or revocation of the license. All information provided is a matter of public record.

Make Check Payable to: Lane County Environmental Health
151 W. 7th Ave #430
Eugene, OR 97401

Applicant Signature	Date

Office Use Only

Fee received _____ Receipt # _____Date_____

Inspection made by _____ Date_____

Approved _____ **Unapproved**_____

Remarks _____

Complete, sign and mail this application with the appropriate fees. Thank you.