



Center for Human Development, Inc
 Union County Environmental Health
 2301 Cove Ave., La Grande, OR 97850
 Phone: 541-962-8818 Fax: 541-963-5272



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: _____

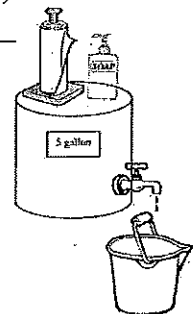
Probe Thermometer to check food temperatures (Range of 0°-220°F)

Food Handlers Cards (1 certified worker per shift) www.orfoodhandlers.com

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 - \$44.00 Multi-Day event - \$63.00
 Intermittent - \$63.00 Seasonal - \$63.00 Operational Plan Review - \$43.00
 Benevolent Organization Intermittent or Seasonal \$30.00
 Operational Plan Review 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"/>	/	_____
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_____	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: _____

FOR OFFICE USE ONLY

Receipt # _____ Tech Initials _____ License Type _____ Start Date of Event _____