



Seasonal & Intermittent Temporary Restaurant License Renewal Application

Hood River County Health (Environmental Health Office), 1109 June St., Hood River, OR, 97031; 541-387-6885



Contact Information:

Name of Licensee (Organization or Individual):

Contact Person (Responsible person who will be on-site):

Daytime Phone:

Contact Person's e-mail address (optional):

Alternate phone:

Mailing Address:

City:

State:

Zip:

Operational Information:

Use additional pages if you need more space

Event Name(s):

Event Address:

City:

Event-site Phone:

I _____, assure that I have completed a formal 'Operational Review' of this temporary restaurant establishment and that there have been no changes to my menu and/or operation. I understand that if I am found to be operating outside of the parameters of my stated and approved operational plan, that my license may be immediately revoked and my food service will be ordered 'closed'.

Signature of Licensee or 'Person in Charge':

Date:

Operations & Serving Schedule:

If the menu will be the same for several events, you may apply for multiple event licenses on one application.

Service Dates:	Preparation / Event Site	Set-up Begins:	Time when food Service Starts:	Event End Time:
x/xx/xx	Market	6 am / pm	8 am / pm	3 am / pm
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How many people do you anticipate serving in one normal day (average customers per day)?

Comments:
