

Department of Health and Human Services

Environmental Health Program

155 N. First Ave, MS 5, Suite 170

Hillsboro, OR 97124

Telephone: 503-846-8722 Fax: 503-846-3705

www.washcofoodsafety.com



Public Health
Prevent. Promote. Protect.

TEMPORARY RESTAURANT LICENSE CHANGES EFFECTIVE MARCH 1, 2012

Temporary Restaurant Licenses are required when food is prepared or served for consumption by the public at events. **Your Temporary Restaurant License will fall into one of the following three categories:**

SINGLE Temporary Restaurant License	SEASONAL Temporary Restaurant License	INTERMITTENT Temporary Restaurant License
<p>Operates in conjunction with a single public gathering, entertainment event, food production program or other event. Must be same location.</p> <p>Valid for 30 days of continual operation.</p>	<p>Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events that are arranged for by the same oversight organization*.</p> <p>Must be same menu, location, and access to same sanitation services.</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to 90 days.</p> <p>Subject to Operational Review.</p>	<p>Operates in connection with multiple public gatherings, entertainment events, food product promotions or other events, at least two of which are arranged for by different oversight organizations*.</p> <p>Must be same menu, location and access to same sanitation services.</p> <p>Information related to specific events and dates of operation must be provided at the time of application.</p> <p>Valid for up to 30 days.</p> <p>Subject to Operational Review.</p>

***Oversight Organization** is any entity responsible for organizing, managing, or otherwise arranging of a public gathering, entertainment event, food product promotion or other event, including but not limited to ensuring the availability of water, sewer and sanitation services.

Operational Review is the examination of a plan of operation for an establishment in order to ensure that the proposed operation conforms with applicable sanitation standards.

Operational Reviews are required for **initial Seasonal** or **Intermittent** temporary restaurant licensing **or** when a licensed facility either changes their location or makes “substantial menu alteration” which means a change of menu that increases the complexity of the menu of a seasonal temporary restaurant and intermittent temporary restaurant operation. An increase in complexity occurs when the menu moves from:

- (a) Service of ready-to-eat foods that requires no further preparation or cooking; to
- (b) Foods that are prepared or cooked on-site and served directly to the consumer that day; to
- (c) Foods that must be prepared in the operation in advance and reheated or cooled over the course of multiple days of operation.

For additional information please contact this office at (503) 846-8722.

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TEMPORARY RESTAURANT LICENSE APPLICATION

(A separate application is required for each booth per location. If multiple booths at one event, complete the back page for each booth type.)

FILL OUT APPLICATION COMPLETELY. After your application is processed, you may be contacted during county business hours (M-F 8-5) to answer additional questions. Please indicate a day and time to call: _____ (date) _____ (time). For information contact this office or see the **Temporary Restaurant Operation Guide** and the **Oregon Food Sanitation Rules** online.

Name of Event:

Event Address: (include city, state, zip)

License Type: Single Event Intermittent Event Seasonal Event

Intermittent and Seasonal Only: Renewal If renewal, serving same menu: Yes No

Check One: For Profit Benevolent – Nonprofit Tax ID #: _____

Booth Name/Number:

Dates of Operation: Start Date End Date

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Days and Times of Operation:	Start Time							
	End Time							

License Applicant:

Phone: _____ Cell: _____

E-mail: _____

Restaurant or Organization:

Business Address: (include city, state, zip)

Phone: _____ Cell: _____

E-mail: _____

Booth Operator: (if other than above)

Phone: _____ Cell: _____

E-mail: _____

Additional Contacts:

Event Organizer: (additional space provided on Attachment A for Intermittent and Seasonal Temporary Events)

Name: _____ Contact Person: _____

E-mail: _____ Phone: _____ Cell: _____

DO NOT WRITE IN THE SPACE BELOW

Fee Received: _____ Ck/MO#: _____ Receipt #: _____

Received By: _____ Date: _____ Facility #: _____

Remarks:

No Home Prepared Foods Allowed. All food must be purchased, prepared and stored in facilities approved by Washington County Environmental Health.

MENU Please submit an accurate menu or list all food items, including toppings below.

Food Item	Preparation	Offsite Location
EXAMPLE Spaghetti Sauce Served/Held: Hot <input checked="" type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input checked="" type="checkbox"/>	Facility Name: <u>Bob's Kitchen</u> Phone: <u>503.555.1234</u> Address: <u>123 Main St, Hillsboro OR 97123</u>
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
_____ Served/Held: Hot <input type="checkbox"/> Cold <input type="checkbox"/>	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____
Utensil Washing	Onsite <input type="checkbox"/> Offsite <input type="checkbox"/>	Facility Name: _____ Phone: _____ Address: _____

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

Water Source:

Ice Source:

Sewage Disposal: (check all that apply) Public Septic Portable Toilet Service Portable Onsite Wastewater Tank

License fees are based on the type of business operation. Please see the fee schedule to determine the amount and submit the proper fee with completed application prior to the event. All information provided is a matter of public record. An additional fee may be imposed if a reinspection is necessary to verify correction of violation.

Mail application and check or money order payable to: **Washington County Environmental Health**

License Applicant Signature:

Printed Name:

Date:

SEASONAL AND INTERMITTENT EVENTS ONLY — ATTACHMENT A

Event #2 _____	Dates of Operation:	Start Date	End Date					
Oversight Organization: _____								
Contact Person: _____ Phone: _____								
Cell: _____ Email: _____								
Days of Operation: (indicate days and times)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

Event #3 _____	Dates of Operation:	Start Date	End Date					
Oversight Organization: _____								
Contact Person: _____ Phone: _____								
Cell: _____ Email: _____								
Days of Operation: (indicate days and times)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

Event #4 _____	Dates of Operation:	Start Date	End Date					
Oversight Organization: _____								
Contact Person: _____ Phone: _____								
Cell: _____ Email: _____								
Days of Operation: (indicate days and times)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

Event #5 _____	Dates of Operation:	Start Date	End Date					
Oversight Organization: _____								
Contact Person: _____ Phone: _____								
Cell: _____ Email: _____								
Days of Operation: (indicate days and times)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Start Time							
	End Time							

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OPERATIONAL PLAN REVIEW APPLICATION

Intermittent and Seasonal Temporary Restaurants

An Operational Plan Review is required before an Intermittent or Seasonal Temporary Restaurant License is initially issued. If a temporary restaurant changes menu or location, an additional Operational Plan Review may be required.

1. **Identify the type of temporary restaurant** that you are requesting to operate.

- Intermittent Temporary Restaurant** is a food operation at a specific location in connection with multiple public events having different oversight 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 with one or multiple public events arranged by one oversight organization. The location remains the same and the menu is not altered. This license expires after 90 days.

2. **Name of Event:** _____

3. **Booth Name/Number:** _____

4. **License Applicant:** _____ **Phone #:** _____

5. **Food Temperature Control** (include equipment/devices used for temperature control and monitoring)

a. How will the food be cooked and cooled and held cold?

b. How will food temperatures be maintained during transport?

c. How will food be protected from contamination:

During transport? _____

While in the booth?

DO NOT WRITE IN THE SPACE BELOW

Fee Received:	Ck/MO#:	Receipt #:
Received By:	Date:	Facility #:
Remarks:		

d. Will reheating occur off-site in addition to the event site? Yes ___ No ___
If yes, how will food be reheated?

How will food be kept hot?

6. **Leftovers** - What will happen to leftover prepared food?

7. **Raw Animal Product**

How will raw meats be stored and prepared to prevent contamination with other food, utensils and equipment?

8. **Booth Construction**

Describe the type of overhead protection provided.

Describe the type of floor provided.

Describe how you will protect the booth from pests (e.g., screens, fans, closures)?

Describe your plan for dealing with ill workers?

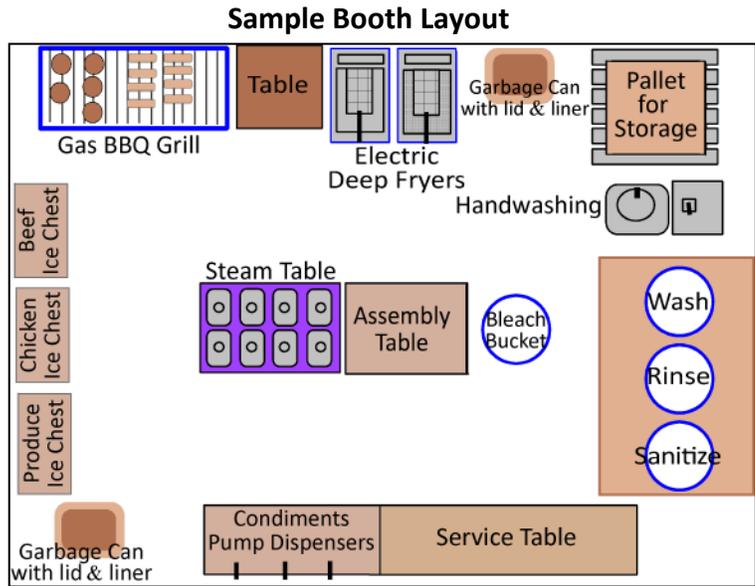
9. **Garbage** – How and where will you dispose of garbage?

10. **A copy of workers' food handler cards must be available at operation.**

OPERATIONAL PLAN REVIEW

Intermittent and Seasonal Temporary license applications must include a copy of the menu, an equipment list, and a layout. Indicate in the space below the location of the following equipment or necessary items:

- Handwashing (HW)
- Dishwashing / Utensil Washing (DW)
- Cold Holding (CH)
- Hot Holding (HH)
- Cold Holding – ready to eat
- Cooking Equipment
- Ice for Drinks, if provided
- Food Preparation Work Area
- Self-Service, if provided
- Storage of Food, Paper Goods, Chemicals
- Wiping Cloths, Bleach Buckets
- Wastewater



In your layout, include ALL equipment