



**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**ENVIRONMENTAL HEALTH PROGRAM**  
 155 North First Avenue, MS 5, Suite 160  
 Hillsboro, OR 97124  
 Telephone: (503) 846-8722 ♦ Fax: (503) 846-4490  
 www.co.washington.or.us

**TOURIST FACILITY LICENSE APPLICATION**

This Box for Office Use Only

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

**Facility Address:** (include city, state, zip) \_\_\_\_\_

**Facility Phone #:** ( ) - **Facility Fax #:** ( ) -

Is this a new facility?  Yes  No **Open Date:** \_\_\_\_\_ **Operation is?**  Year Round  Seasonal

**Owner Name:** \_\_\_\_\_ **Corporation Name:** \_\_\_\_\_

**Home Phone #:** ( ) - **Chief Corporate Officer:** \_\_\_\_\_

**Office Phone #:** ( ) - **Office Phone:** ( ) -

**Cell Phone #:** ( ) - **Cell Phone #:** ( ) -

**Fax #:** ( ) - **Fax #:** ( ) -

**E-mail Address:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Owner Home Address:** (include city, state, zip) \_\_\_\_\_

**Corporation Address:** (include city, state, zip) \_\_\_\_\_

**Billing Name:** \_\_\_\_\_

**Billing Address:** (include city, state, zip) \_\_\_\_\_

Facility Type?  Traveler Accommodations \_\_\_\_\_ Number of sleeping rooms?  
 Bed and Breakfast \_\_\_\_\_ Number of sleeping rooms?  
 Hostel \_\_\_\_\_ Number beds/capacity?  
 Recreation Park \_\_\_\_\_ Number of overnight campsites, if any?  
 Organizational Camp \_\_\_\_\_ Number of beds/camper capacity?

This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules thereunder. The new operator, in the event of a change of ownership, must immediately secure a license in his or her name.

All licenses issued under these statutes automatically expire on December 31 and must be renewed before January 1 of the next year. Licenses and renewal notices are sent to the mailing address of the facility. Reinstatements of expired licenses are subject to penalty fees.

I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Building Codes Agency and that the information given in the above application is complete and accurate to the best of my knowledge.

**NOTE: Each application must include fee from current Fee Schedule. FEE ENCLOSED: \_\_\_\_\_.**

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

**Signature of Applicant or Authorized Representative:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DO NOT WRITE IN THE SPACE BELOW**

**Fee Received:** \_\_\_\_\_ **Ck/MO#:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

**Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approved?**  Yes  No

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