LINN COUNTY ENVIRONMENTAL HEALTH PROGRAM
PO BOX 100 | 315 SW 4TH AVE | ALBANY, OR 97321
PHONE (541) 967-3821 | LinnEH@linncountyhealth.org
www.linncountyhealth.org/eh

TEMPORARY RESTAURANT LICENSE
FACT SHEET

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

*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.*

The following must be obtained prior to your event:
- ☐ Food handler cards (1 certified worker per shift)
- ☐ Probe thermometers to check food temperatures (Range of $0^o – 220^oF$)
- ☐ Refrigerator thermometer in every cooler/refrigerator unit
- ☐ Test strips for sanitizing solution
- ☐ Hand washing facilities (***must be set up before any food preparation takes place***)

Note: The temporary restaurant license application and fee must be received at least 5 days prior to your event or you will be subject to a higher fee. (Fees are noted on separate fee schedule).

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Temporary Restaurant License Application

FILL OUT APPLICATION COMPLETELY. For information, contact this office or see the Temporary Restaurant Operation Guide and the Oregon Food Sanitation Rules online.

EVENT INFORMATION

Name of Event:

Event Address:
(include city, state, zip)

Event Dates   Start: End:

Event Organizer Name:

Email: **Phone:**

FOOD VENDOR OWNER INFORMATION

Name: **Phone:**

Email:

Business Address:
(include city, state, zip)

FOOD VENDOR OPERATING INFORMATION

Vendor/Booth Name:

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

License Type: □ Single Event   □ Intermittent (30 Day)   □ Seasonal (90 Day)

Intermittent and Seasonal Only: □ Renewal   If renewal, serving same menu?   □ Yes   □ No
Additional application is required for first time Intermittent and Seasonal applicants.

Contact information (day of event): Name   Phone

Dates of Booth Operation: Start Date   End Date

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

If operator is not ready at time indicated, an additional fee may be charged

Facility Used for Off-Site Preparation:
(Must be a licensed facility. No home prepared foods are allowed. Attach additional sheets if needed)

Business Address:
(include city, state, zip)

Phone:

Facility Operator Signature: **Date:**

ALL WATER UTILIZED MUST BE OBTAINED FROM AN APPROVED PUBLIC WATER SUPPLY		
Water Source:		*Ice Source:*

Sewage Disposal: □Public □ Septic □Portable Toilet Service □Portable Onsite Wastewater Tank

Handwashing Facilities – Describe:
(Must be set up before any food preparation takes place)

Menu: Please submit an accurate menu or list all food items, including toppings below. NO HOME PREPARED FOODS ARE ALLOWED. Please attach additional sheets if necessary

Food Item	Preparation Location	Cooking/Holding Method	Food Item	Preparation Location	Cooking/Holding Method
Example: Hot Dog Served/Held: ☒ Hot □Cold	☒ Onsite □ Offsite	Cooked on grill, held in steam table	_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	
_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite		_____ Served/Held: □ Hot □Cold	□ Onsite □ Offsite	

Advanced Preparation:
(Describe how foods are cooked and rapidly cooled)

Devices used for Cold Holding:
(e.g. Refrigerator, cooler)

Devices used for Hot Holding:
(e.g. Steam table, Warmer, Heat Cabinet)

Devices used for Cooking/Rapid Heating:
(e.g. Stove, Oven, Grill)

What will be done with leftover food?

License Applicant Signature:

Printed Name:	**Date:**