



Food Service Pre-Opening Inspection Report

Environmental Health

Business Name: _____ Business Phone: _____

Site Address: _____

Please specify which address to use for mailing your license: Business Address
 Owner Address

Owner Name: _____ Phone: _____

Address: _____ Cell: _____

Contact Person: _____ Phone: _____

Email: _____ Cell: _____

Proposed date for inspection: _____

Proposed opening date: _____

Signature: _____ Date: _____

Fees: Restaurant or other food service please refer to current fee sheet (enclosed)

Please make checks payable to: **Benton County Health Department**
Environmental Health Division
PO Box 3020
Corvallis, OR 97339-3020

Questions? Please call: 541-766-6841

For Office Use Only

Fee Received: _____ Receipt #: _____ Date: _____ Paid By: _____

Method of Payment: Check # _____ Cash Visa/Mastercard