



2025 Temporary Restaurant License Application

Environmental Health

Date Received: _____
Amount: _____
Receipt #: _____
Check #: _____
Clerk: _____

Name of Licensee (Organization or Individual): _____

DBA/Booth Name (if different): _____

Licensee Complete Address: _____

Name of Contact Person/Responsible Party: _____ Email: _____

Daytime (8-5) Phone: _____ Home Phone: _____

Supervising Operator(s) with Food Handler Card: _____

Name of Event: _____

Event Location/Complete Address: _____

Off-Site Preparation Used: (check one) Yes / No If Yes, please complete Off-Site Facilities section at bottom of application.

Dates of Operation: FROM: Month _____ Day _____ Year _____ TO: Month _____ Day _____ Year _____

Prep and Set-up Time: _____ Serving Time: _____

ON-SITE FACILITIES

BOOTH DESIGN (or layout of your operation): Draw a diagram of the booth/layout. Show equipment, food-preparation area, hot and cold holding equipment, storage, dish and utensil sanitizing, serving and hand-washing areas. (Attach diagram)

HAND WASHING Explain the hand-washing set-up you will use: _____
You can use an insulated container with a spout, filled with warm water. Air pots cannot be used. You must provide soap, paper towels and a bucket to collect wastewater. You must dispose of wastewater in an appropriate manner.

LOCATION OF NEAREST TOILET FACILITY (i.e., in facility, public, portable, outhouse, etc.) _____

WATER SUPPLY What water supply serves your booth? Water must come from an approved source. _____

WASTE WATER You must dispose of all wastewater (wastewater from utensil-equipment washing, hand washing) in a sanitary sewer.

What do you propose? _____

METAL STEM PROBE THERMOMETER (0°-220° F) Must be in booth to check temperature of all foods. Keep food at 41° F or lower, 135° F or higher.

WE RECOMMEND YOU HAVE BACK-UP WAYS TO KEEP FOODS HOT AND COLD IN THE EVENT OF POWER FAILURE (camp stove, barbecue, ice chest, etc.)

Is food prepared off-site? YES / NO If YES: fill out section below, If NO: skip.

OFF-SITE FACILITIES: must be a LICENSED facility
*****FOOD PREPARED IN PRIVATE HOMES CANNOT BE SERVED*****
with the exception of some baked goods sold for benevolent purposes.

Give the name of the licensed facility you plan to use: _____

Address of Facility: _____

Date and time you will be working at this facility: Date _____ Time _____

Food storage equipment (boxes, refrigerator): _____

Utensil maintenance and cleaning equipment/facility: _____

FOOD PROCESSING STEPS (Critical Control Points)

Improper cooling and reheating of food can result in food-borne illness. Fill in each space for each item served. Where will you buy the food? List ingredients of each menu item. Indicate how each item is prepared. Show how food is thawed, put together, cooked, held, etc. Please indicate the temperature at which you will cook and hold food. Tell how you will handle food from raw to finished product. **FOOD REQUIRING COOLING AND REHEATING MAY BE PROHIBITED.**

MENU ITEM	THAW	COMBINE, CUT, MIX	PRE-COOKING STORAGE	COOK, BAKE, GRILL, BBQ	HOT-COLD HOLDING	COOLING	REHEAT	FOOD TRANSPORT
<i>(Example)</i> Chicken bought at Thrift Foods.	Thawed in refrigerator at less than 41 degrees F.	Dipped in egg and seasoned flour.	Held in refrigerator at less than 41 degrees F. Egg stored at 41 degrees F.	Grilled to an inside temperature of 165 degrees F.	Held in roaster at 135 degrees F until served.	None	None	None
<i>(Example)</i> Chili from Ron's	None	Canned Chili	Canned Chili	Cooked on stove to 165 degrees F.	Held in crock pot at 135 degrees F.	None, leftover thrown out.	None	None

2025 FEES

BENEVOLENT: (Non-profit)

\$48 per event (After 3rd Event free: limit 2/Mo)

NON-BENEVOLENT:

License fee
Discounted fee (received more than ten days prior to event)
Operating without a license
*Operational Plan Review

1 Day Event

\$245
\$215
\$315
-

30 or 90 day*

2+ Day Event

\$288
\$258
\$358
\$120

MAKE CHECKS PAYABLE TO:

Benton County Environmental Health
PO Box 3020
Corvallis, OR 97339-3020
541-766-6841

****All 30-day Intermittent or 90-day Seasonal licenses will require an Operational Plan Review:*** I have read, understand, and agree to meet the requirements for a Temporary Food Service Establishment. I understand I am responsible for getting all necessary permits for this event. I agree to comply with all Temporary Food Service requirements. I understand if I don't meet the requirements for Temporary Food Service establishments, my establishment may be closed.

SIGNATURE: _____ DATE: _____