



Establishment ID: _____
Owner ID: _____
For office use only

**FOOD SERVICE  
LICENSE APPLICATION  
RESTAURANT / BED AND BREAKFAST**

- |  |  |
|--|--|
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Bed & Breakfast (B&B Tourist License also required) |
| <input type="checkbox"/> New Construction  | <input type="checkbox"/> Remodel   |
| <input type="checkbox"/> Change of Ownership    Former establishment name: _____ |  |

**Establishment Name:** \_\_\_\_\_

Sewer system:     Private  Public

Water system:     Private  Public    Public Water System Name/Number: \_\_\_\_\_

**Owner/Applicant Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

- Individual     Corporation     Partnership     Other: \_\_\_\_\_

DBA or C/O: \_\_\_\_\_

Do you own other establishments licensed by the Health Dept.?     No     Yes

If yes, Establishment Name(s): \_\_\_\_\_

Owner Mailing/Billing Address: \_\_\_\_\_

Owner Cell #: \_\_\_\_\_    Owner Phone #: \_\_\_\_\_

Owner E-mail: \_\_\_\_\_    Owner Fax #: \_\_\_\_\_

Alternate Contacts: \_\_\_\_\_

**Primary e-mail for billing/correspondence:** \_\_\_\_\_

**Establishment Physical Location:** \_\_\_\_\_

Number of seats: \_\_\_\_\_

Establishment Mailing/Billing Address: \_\_\_\_\_

Establishment Phone #: \_\_\_\_\_

Establishment Website: \_\_\_\_\_

The payment of \$ \_\_\_\_\_ license fee is hereby made for application to operate the above establishment in compliance with all applicable food service regulations. I understand that failure to meet the requirements of the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules, Chapter 333, of the Oregon Health Authority may require denial or revocation of the license. Furthermore, I attest that the information provided on this form is accurate.

Signature of Applicant: \_\_\_\_\_    Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Fee received: \_\_\_\_\_    Date: \_\_\_\_\_  
 Cash     Check# \_\_\_\_\_     Money Order

Inspected by: \_\_\_\_\_    Date: \_\_\_\_\_  
 Approved     Not Approved     Risk 1     Risk 2  
 Full Svc     Limited Svc     Risk 3     Risk 4



# North Central Public Health District

## Environmental Health Program

### Licensed Facilities Fee Schedule 2023

**Important Information: Licenses are non-transferrable.** A license expires annually on December 31<sup>st</sup>. To reinstate a license after December 31<sup>st</sup>, the applicant must pay a reinstatement fee of \$100 in addition to the license fee required. The reinstatement fee will increase by an additional \$100 on the first day of each succeeding month until the license is reinstated.

#### Food Service

Restaurants, 0-15 seats	\$629.00
.....	
Restaurants, 16-50 seats	\$699.00
.....	
Restaurants, 51-150 seats	\$777.00
.....	
Restaurants, 150+ seats	\$828.00
.....	
Limited Service Restaurant	\$207.00
.....	
Bed & Breakfast Restaurant	\$311.00
.....	
Mobile Unit	\$476.00
.....	
Warehouse	\$207.00
.....	
Benevolent Restaurant	\$207.00
.....	
Commissary	\$551.00
.....	
Vending, 1-10 machines	\$56.00
.....	

#### Temporary Events

*\$50 late fee applies if payment is received less than 7 days before the event*

*Single Event, 1-day	\$75.00
.....	
*Single Event, 2 + days	\$106.00
.....	
*Intermittent Event, 30 Day	\$157.00
.....	
*Seasonal Event, 90 Day	\$157.00
.....	
Seasonal/Intermittent Re-inspection	\$77.00
.....	
Seasonal/Intermittent Plan Review ...	\$119.00
Benevolent Application Admin Fee..... (requires non-profit tax ID#)	\$25.00
Benevolent Application Admin Late Fee	\$20.00
.....	

#### Other Food Service Fees

Mobile Unit Inspection (other OR county).	\$25.00
.....	
Quarterly Inspection Fee - 50% of annual license fee (Result of getting 2 consecutive FTC's)	

#### Pool/Spa Facilities

First Pool/Spa	\$340.00
.....	
Additional Pool/Spa (same location).....	\$240.00
Seasonal Pool/Spa	\$235.00
.....	
Pool/Spa Plan Review	OHA Plan review fee
.....	

#### Tourist Accommodations

Bed & Breakfast	\$134.00
.....	\$145.00
Traveler Accommodations	
.....	
Org. Camp 0 -300 campers	\$393.00
.....	
Org. Camp 301-600 campers	\$528.00
.....	
Org. Camp 601 + campers	\$2207.00
.....	
Recreation Vehicle Park <b>Base fee</b>	\$145.00
.....	
- Add <b>\$3.00</b> per space for 1-50 RV spaces, <b>plus</b>	
- Add <b>\$2.50</b> per space for 51-100 RV spaces, <b>plus</b>	
- Add <b>\$2.00</b> per space for >100 RV spaces	

**\$150** fee will be charged per inspection for any

NCPHD licensed facility requiring more than 2 re-inspections per year.

**Plan Review for a New Establishment or Major Remodel (one-time fee)**

Full Service Restaurant .....	\$421.00
Bed & Breakfast .....	\$124.00
Limited Service Restaurant .....	\$124.00
Mobile Unit .....	\$216.00
Warehouse .....	\$130.00
Commissary .....	\$270.00

**Plan Review for Simple Remodels**

Full Service Restaurant & MUs .....	\$167.00
All other food facilities .....	\$92.00

**Contract Facilities**

Schools (food service only).....	\$175.00
Child Care Centers .....	\$175.00
Institutional (i.e. jail, nursing home, etc.).....	\$265.00
Contract Facility Re-inspection .....	\$80.00

*Office payments: payment types accepted in the office are cash, check, and credit/debit cards. There is a 2.5% convenience fee for credit and debit card transactions in the office or over the phone.*

*Online payments can be made for most licenses using a credit or debit card. There is a xxx convenience fee for transactions through the website at [www.ncphd.org](http://www.ncphd.org)*