



**Umatilla County Public Health**  
**Environmental Health for Umatilla, Morrow, & Gilliam**  
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 Website: [www.ucohealth.net](http://www.ucohealth.net) E-Mail: Health@umatillacounty.gov



## Food Service License Application

<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> Restaurant # of Seats: _____	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Vending # of Units: _____
<input type="checkbox"/> Limited Service	<input type="checkbox"/> Commissary	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Mobile Unit Class: _____

Establishment name: \_\_\_\_\_ Phone: \_\_\_\_\_

Establishment physical address: \_\_\_\_\_

Establishment mailing address: \_\_\_\_\_

Owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner mailing address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Which address should we use for invoices:  Establishment  Owner

Date expected to open establishment: \_\_\_\_\_

Restaurant
0-15 Seats = \$662
16-50 Seats = \$730
51-150 Seats = \$853
151+ Seats = \$936
Limited Service = \$390
Not for Profit = \$114

Vending Machine	
1-10 = \$94	101-250 = \$530
11-20 = \$146	251-500 = \$832
21-30 = \$208	501-750 = \$1,040
31-40 = \$312	751-1000 = \$1,560
41-50 = \$333	1001-1500 = \$1,664
51-75 = \$343	1501+ = \$1,768
76-100 = \$406	



Mobile Unit
Class I, II, III = \$291
Class IV = \$482
Commissary = \$464
Warehouse = \$187
Bed & Breakfast = \$265

I understand that permits, once issued, are **non-transferable**. I certify that all information provided is correct to the best of my knowledge and hereby agree to comply with the provisions of Oregon Revised Statutes Chapter 624, the Oregon Administrative Rules Chapter 333, and Chapter 113 of the Code of Umatilla County.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only	
Date received: _____	Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> Date: _____ Initial: _____
Amount paid: _____	Receipt #: _____