



Umatilla County Public Health
Environmental Health for Umatilla, Morrow, & Gilliam
 200 SE 3rd St., Pendleton, OR 97801
 Phone: 541-278-6394 Fax: 541-278-5433
 Website: 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 = \$636
16-50 Seats = \$702
51-150 Seats = \$820
151+ Seats = \$900
Limited Service = \$375
Not for Profit = \$110

Vending Machine	
1-10 = \$90	101-250 = \$510
11-20 = \$140	251-500 = \$800
21-30 = \$200	501-750 = \$1,000
31-40 = \$300	751-1000 = \$1,500
41-50 = \$320	1001-1500 = \$1,600
51-75 = \$330	1501+ = \$1,700
76-100 = \$390	



Mobile Unit
Class I, II, III = \$280
Class IV = \$463
Commissary = \$447
Warehouse = \$180
Bed & Breakfast = \$232

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: Denied: Date: _____ Initial: _____

Amount paid: _____

Receipt #: _____