



TOURIST FACILITY LICENSE APPLICATION

Facility # _____

Facility name: _____ Facility phone # _____

Facility address: _____

County of operation: _____ Name of applicant: _____

Applicant address: _____

New Facility? Yes No Open date: _____ Operation is? Year round Seasonal

Facility type?	<input type="checkbox"/> Traveler Accommodations	_____ No. of sleeping rooms?
	<input type="checkbox"/> Bed & Breakfast	_____ No. of sleeping rooms?
	<input type="checkbox"/> Hostel	_____ No. of beds/capacity?
	<input type="checkbox"/> Recreation Park	_____ No. of overnight campsites, if any?
	<input type="checkbox"/> Organizational Camp	_____ No. of beds/camper capacity?

Owner name: _____ Individual Corporation Partnership

Owner mailing address: _____

Owner phone #: _____ Other facilities owned by you? _____

This application is made as required by Oregon Revised Statutes, Chapter 446, and is subject to compliance with these statutes and administrative rules there under. The new operator in the event of a change of ownership must immediately secure a license in his or her name.

All licenses issued under these statutes automatically expire on December 31 and must be renewed before January 1 of the next year. Licenses and renewal notices are sent to the mailing address of the facility. Reinstatements of expired licenses are subject to penalty fees.

I certify that the facility is in compliance with the provisions of ORS 446.310 to 446.350, the rules adopted pursuant thereto, and the requirements of the Building Codes Agency and that the information given in the above application is complete and accurate to the best of my knowledge. Fee enclosed:

_____.

Signature of Applicant or Authorized Representative

Date of Application

Note: Each application must include fee from current fee schedule.

Mail application and check payable to:

This form is available in an alternate format by contacting 503.731.4012

Approved by: _____ Date: _____

This form is available in an alternate format by contacting 503.731.4012