



Yamhill County Environmental Health
310 NE Kirby St.
McMinnville, OR 97128

Phone - (503) 434-7525

Fax – (503)472-9731

environmentalhealth@yamhillcounty.gov

B&B LICENSE APPLICATION

Application for: New Construction Remodel New Owner Update Information

LOCATION / INSPECTION INFO

Trade Name of the Business <i>(name customers will see)</i>		
Business Address <i>(number and street address of the location that will have the license)</i>		
City	State	Zip
Phone # of the Business Location	Email Contact(s) for this Location <i>(for inspections)</i>	
Contact Person(s) for this Location <i>(for inspections)</i>		Contact Person(s) Phone Numbers(s) <i>(for inspections)</i>
Number of Rooms	Maximum number of guests expected (daily)	Number of meals served daily
Proposed Opening Date	Water System <input type="checkbox"/> Public <input type="checkbox"/> Private	
	Water System Name:	
Was this Location previously licensed by Yamhill County Environmental Health? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Location's Former Name		Date Location Closed <i>(or new owner took over)</i>

LICENSE / BILLING INFO

Entity <i>(corporation, LLC, etc.) or Individual Applying for License</i>		
License/Billing Contact Name <i>(the person we will contact RE: licensing/billing)</i>		
Billing Address <i>(mailing address of the location that will receive billing and license information)</i>		
City	State	Zip
Primary Phone # of the License/Billing Contact		Alternate Phone # of the License/Billing Contact
Email for the License/Billing Contact		
Alternate Contact Name <i>(for billing and licensing)</i>		
Primary Phone # of the Alternate Contact		Email for the Alternate Contact
Other Facilities Owned by Applicant <i>(currently or previously in Yamhill County)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Name of Other Facility/Facilities		

It is the responsibility of the applicant to meet the requirements of all the agencies with jurisdiction over this food and/or beverage establishment prior to opening. This may include, but is not limited to: zoning, plumbing, electrical, building, planning, sewer and water, fire marshal, FOG program for grease interceptors, utilities, public works, ODOT, OLCC, and/or Oregon-OSHA.

Check with the local city you wish to operate in and Community Development for permitting requirements. A sign-off will be required in order to be approved.

ALL FEES ARE NON-REFUNDABLE, AND NON-TRANSFERABLE.

Bed and Breakfast License fee \$_____.

Application is hereby made to operate the above establishment in compliance with the provisions of Oregon Revised Statutes, Chapter 624, and the Administrative Rules of the Department of Human Services pursuant thereto. Payment of designated license fee (**nonrefundable**) is hereby made with the understanding that failure to meet the requirements of the Oregon Revised Statutes, Chapter 624, and the Department of Human Services requires denial or revocation of the license. Applicants must also meet all requirements of local Zoning, Fire, Planning, and Building departments prior to licensure. **Licenses are nontransferable.** *All information provided is a matter of Public record.*

Applicant Signature: _____ Date: _____

**Mail application & check payable to:
Yamhill County Environmental Health
310 NE Kirby St.
McMinnville, OR 97128**

OR

**Email or Fax application & pay
with MasterCard or Visa over the
phone:
environmentalhealth@yamhillcounty.gov
Fax: 503-472-9731
Phone: 503-434-7525**

*If submitted electronically, application MUST BE IN PDF  FORMAT .

B&B FOOD SERVICE REQUIREMENTS

This section must be filled out by the operator and submitted with the plan review application. Answer only the questions that apply to your facility. Add documents or pages as needed to describe your operation. The "Food Sanitation Rules," OAR 333-150-0000 can be obtained at:

<https://www.oregon.gov/oha/ph/healthyenvironments/foodsafety/documents/foodsantiationrulesweb.pdf>

Bed and Breakfast Facility rules can be obtained at:

<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1340>

Bed and Breakfast requirements -Food Service Requirements

1. Describe your current policy to exclude or restrict food workers who are sick or have infected cuts and lesions.
2. All food handlers are required to obtain a Food Handlers Certificate with-in 30 days of operation/hire, and maintain an active Food handlers Certificate while operating/employeeed.
3. How will handwashing be performed at the restroom and in the food service area? (OAR 333-170-0130)
4. Do you have pets in your house? (Yes / No) If yes, What types of animals are they. (333-170-0020)

If yes, how do you plan on keeping your pets out of areas where guest food is prepared, served, stored and offered for sale.

5. A sanitizing type dishwasher is required in a bed and breakfast; (OAR 333-170-0050)

Provide the type and method of sanitizing that will be provided for dishwashing.

Provide Manufacturer and model of dishwasher that is installed for food service requirements.

6. If a sink is going to be used for culinary purposes that does not have backflow prevention, describe how your guests will be protected from potential backflow in the culinary sink (OAR 333-170-0060)

Bed and Breakfast requirements – Room Requirements

7. How many rooms are provided for rent _____.

If 2 or fewer rooms are provided for rent a license is not required for operations.

If 9 or more rooms are provided for rent the bed and breakfast must provide a commercially equipped kitchen for food preparation. (OAR 333-170-0010 (2))

8. How do you plan on managing (discarding) utility cleaning water (mop type water). (OAR333-170-0090)

9. How many restrooms are available in the guest area including restrooms in guest rooms

10. How do you plan on separating laundered food service laundry from guest and resident laundry? (OAR 333-170-0120)

Water system requirements

11. Sampling for coliform bacteria: 333-150-5-102.11(B)(2)
Facilities utilizing groundwater sources must collect one sample every calendar quarter. -

 12. A yearly Nitrate sample is required.

 13. A one-time arsenic sample is required – unless the MCL is Exceeded.

 14. Except as specified under section 5-102.12 (A), water from a public water system shall meet 40 CFR 141 – National Primary Drinking Water Regulations and OAR chapter 333, division 061.P The following drinking water standards apply to licensed food establishments that are not regulated under OAR chapter 333, division 061:
(A) General Sampling Requirements:
(1) All samples required by this rule must be analyzed and collected as prescribed by OAR 333-061-0036(1)(a) and (b).
(2) All samples required by this rule must be analyzed by a laboratory accredited by the Oregon Environmental Laboratory Accreditation Program (ORELAP) and must be handled and documented in accordance with ORELAP standards.
(3) Samples submitted to laboratories for analysis shall be clearly identified with the name of the water system, facility license number, sampling date, time, sample location identifying the sample tap, the name of the person collecting the sample and whether it is a routine or a repeat sample.
- How do you plan on sampling water as required, which lab do you plan on using, and what are your plans if a fails to meet standards.
15. All drinking water systems must meet OAR 333 division 061 requirements – for most Bed and Breakfasts the requirements will be that of a Transient Water system.

Food Sanitation Rules OAR 333-150-0000

1. Do you have a copy of the Food Sanitation Rules? Yes__ No__ *The rules are online at:*
<https://www.oregon.gov/oha/ph/healthyenvironments/foodsafety/documents/foodsantiationrulesweb.pdf>
Bed and Breakfast Facility rules can be obtained at:
<https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=1340>
If you do not have access to the Internet, you can obtain a copy from the Local Public Health Authority.

Please draw your facility plans here – does not need to be to scale. Use multiple pages if needed.

Bed and Breakfast Diagram

A floor plan shall be submitted with the initial application and/or when a facility is being constructed or remodeled. The floor plan shall show all rooms to be used (length and width), the planned use of each room, the placement and number of toilets and handwashing sinks, and the location of the fixtures and plumbing in the kitchen.

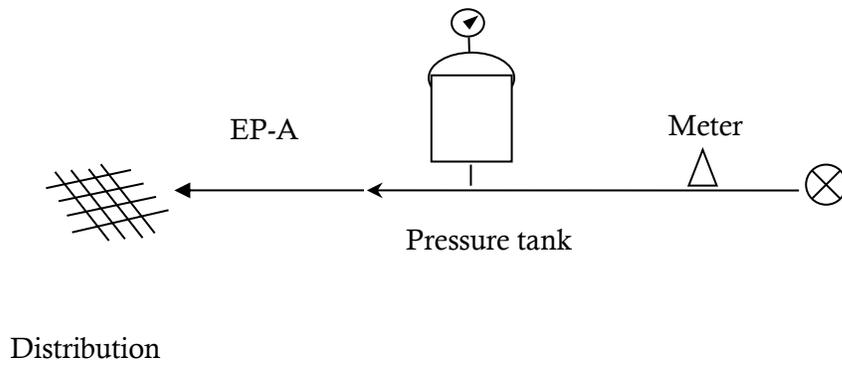
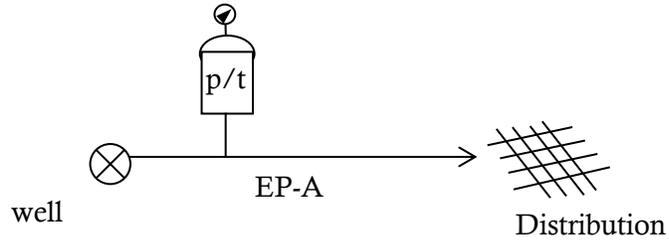
Please draw you water system to rough scale – please attach any well logs

Water System Schematic

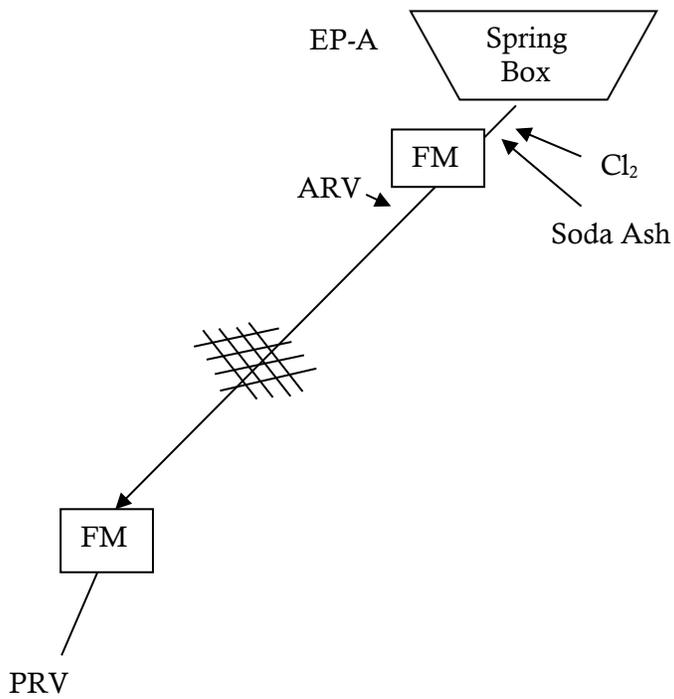
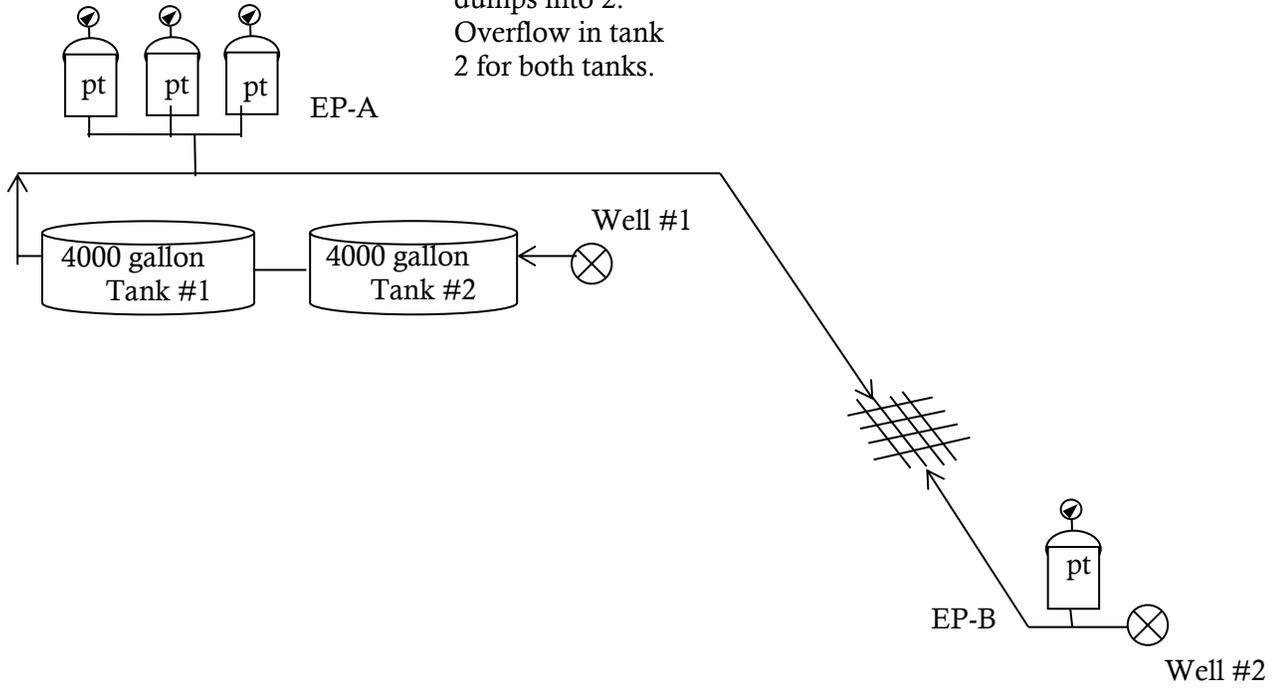
Please use the symbols on the next page using the example water system schematics for reference.

If the Bed and Breakfast is connected to a public drinking water system, you must only provide the name and EPA number of the public drinking water system.

Example - Water System Schematics

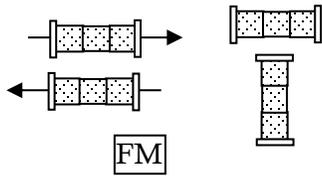


Tanks interconnected. 1 dumps into 2. Overflow in tank 2 for both tanks.

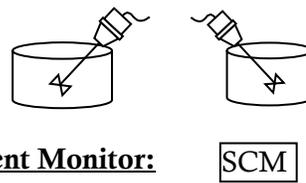


ARV=air relief valve

Inline Static Mixer:



Rapid Mix:



Flowmeter:



Streaming Current Monitor:



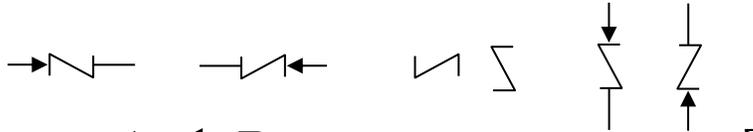
Gate Valves:



Globe Valves:



Check Valves:



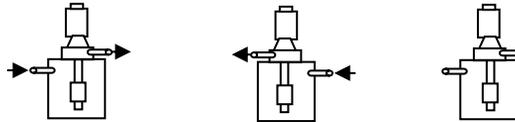
Centrifugal Pump:



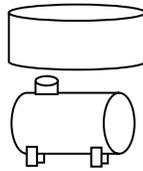
Several Pumps:



Vertical Turbine Pump/Can:



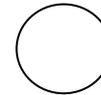
Ground Level Tanks:



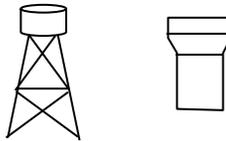
Standpipe:



Plan View:



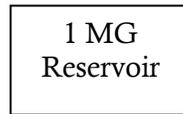
Elevated Tanks:



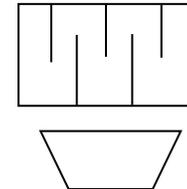
Reservoir:



Plan View:



Baffled:



Well:

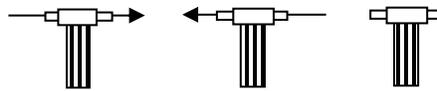


River/Creek:



Spring or raw water reservoir:

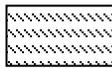
Cartridge Filter:



Pressure Tank:



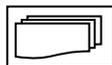
60° Tube Settlers:



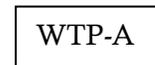
Distribution System:



Parallel Plate Settlers:



Generic Treatment Plant:



Flocculation Basin (single and two stage):



Pressure Gage:



Note: All symbols should be labeled on schematics as shown in the following examples.

Transient Non-Community & State Regulated Water Systems Routine Monitoring*



OREGON HEALTH AUTHORITY
Public Health Division
Drinking Water Services
(971) 673-0405
Fax: (971) 673-0457

www.oregon.gov/oha/ph/HealthyEnvironments/DrinkingWater

Chemicals	Sample
Arsenic	Once
Nitrate	Yearly

Turbidity (for Surface Water only)	1 Reading Every 4 Hours ¹
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Coliform Bacteria	Source of Water	
	Ground Water (well)	Surface Water (stream, lake, etc)
	Average Daily Population Served	
	≤1000 Quarterly Sampling	> 1000 Monthly Sampling ²
	Monthly Sampling	

Quarterly Coliform Bacteria Sampling	
Quarter	Collect Sample Between ³
1st Quarter	January 1 and March 31
2nd Quarter	April 1 and June 30
3rd Quarter	July 1 and September 30
4th Quarter	October 1 and December 31

*These tables describe base line monitoring only. Waivers, reductions, source changes and/or detections will affect sampling requirements. You will find details on number, location and timing of samples in the Rules (see web page @ www.oregon.gov/DHS/ph/dwp). Send all sample results to: Department of Human Services, Drinking Water Program, PO Box 14350, Portland, OR 97293-0350.

¹ Systems using Slow Sand, Cartridge/Bag, Diatomaceous Earth, Membrane or other 'alternative' filtration can reduce monitoring to once per day with Department approval.

² Number of routine samples is dependent upon population. See Rules and/or our website for details.

³ Sample early in quarter to avoid problems with mail, lost samples, weather, and other difficulties. Results must be received by the 10th day of the month following the end of the quarter.

This table supersedes previous editions. Revised Nov, 2021

IF YOU WOULD LIKE THIS IN AN ALTERNATE FORMAT, PLEASE CALL (971) 673-0427

Contaminants and Maximum Levels

Inorganics mg/l

Arsenic 0.010 ¹

Nitrate 10

Coliform Bacteria None Present (Absent)

Turbidity Maximum Levels

Conventional / Direct Filtration 1 NTU ^{2 3}

Slow Sand Filtration 5 NTU ⁴

Diatomaceous Earth Filtration 5 NTU ⁴

Cartridge / Bag Filtration 5 NTU ⁴

Membrane Filtration 5 NTU ⁴

¹ MCL lowered to 0.010 mg/L on 1/23/06

² Nephelometric Turbidity Units

³ Turbidity must be maintained at less than or equal to 0.3 NTU in at least 95% of measurements each month. Systems with this treatment type must also meet individual filter effluent (IFE) trigger points for turbidity. IFE trigger points and response info can be found in Oregon administrative rule 333-061-0040(1)(d) (C).

⁴ Turbidity must be maintained at less than or equal to 1 NTU in at least 95% of measurements each month