

APPLICATION FOR CITY BUSINESS LICENSE

Fiscal Year July 1, 2009 – June 30, 2010

This application will be returned to you with processing if all below requested information is not provided.

New Application Contractor Amendment Home Occupation

Business Name: _____

Business Street Address: _____

Business Mailing Address: _____

Business Telephone: _____ Pager or Cell Phone: _____

Owner Name: _____

Owner Mailing Address: _____

Owner Phone: _____

Driver's License State __ License # _____ Applicant Date of Birth: _____

Emergency Contact Other than Owner: _____ Telephone: _____

If Corporation or Partnership, list Officers/Partners:

Name	Address	Drivers License Number	Telephone

Number of Employees (include all working within City limits, full-time or part-time) _____

Construction Contractor's Board registration # _____ Expiration Date _____

General Contractor Specialty Contractor Exempt Non-exempt

Other State certifications required for your business:

Type	Number	Type	Number

I _____, doing business as _____, am
(Print Applicant Name) (Print Business Name)

registered with the State of Oregon Construction Contractors Board under the provisions of ORS 701.035 through ORS 701.130 and that said registration is in full force and effect.

Applicant Signature _____

Date _____

Business License Fee	
1-2 Employees	\$ 75.00
3-5 Employees	\$ 125.00
6 or more Employees	\$ 250.00



For Staff Use Only:

Payment received on: _____ By: _____

Fee Paid: _____ Receipt No.: _____

Department	Date Reviewed	Approval Status	Reviewed by
Building		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Planning		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Public Works		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Public Safety		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
City Manager		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	

Comments

_____ _____ _____ _____ _____ _____
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