



**DOOR TO DOOR SOLICITATION APPLICATION**  
**CITY OF PENDLETON**

500 SW DORION AVE.  
PENDLETON, OR 97801  
**OFFICE:** (541) 966-0207 **FAX:** (541) 966-0231

BUSINESS NAME/DBA: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

FEDERAL EMPLOYER ID#: \_\_\_\_\_ BUSINESS TELEPHONE: (\_\_\_\_) \_\_\_\_\_

Please provide the following information for all persons involved in business if more room is needed provide on separate sheet:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS IN PENDLETON: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS IN PENDLETON: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS IN PENDLETON: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ STATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

PERIOD OF SOLICITATION: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

AREAS OF THE CITY TO BE SOLICITED: \_\_\_\_\_

NAME, ADDRESS, AND TELEPHONE NUMBER OF ORGANIZATION DESIGNATED TO RECEIVE ADVICE FROM THE CITY: \_\_\_\_\_

\_\_\_\_\_

**You Must Provide Proof of Liability Insurance**

I, \_\_\_\_\_, understand that there is a ten day review period for this application and that if any of the above information is found to be false or misleading, the license shall be revoked.

Signature \_\_\_\_\_

Date signed: \_\_\_\_\_

| <b>FEE CALCULATION</b>   |            |
|--|------------|
| <b>FOR BUSINESSES WITH A PERMANENT LOCATION WITHIN THE CITY LIMITS:</b>  |            |
| Check the following as they apply  | <b>FEE</b> |
| <b>Base Fee : w/Five or fewer</b> (0-5) Full-Time Equivalent ( <b>FTE</b> ) employees<br>(\$100.00 Business License Fee & \$50.00 Investigation Fee) | \$150.00   |
| Additional Fee: Employee (6-49): # of <b>FTE</b> employees _____ times \$20.00 *   | \$         |
| Fifty or more <b>FTE</b> employees **  | \$1050.00  |
| <b>FOR BUSINESSES WITHOUT A PERMANENT LOCATION WITHIN CITY LIMITS:</b>   |            |
| <b>Base Fee: w/Five or fewer</b> (0-5) Pendleton <b>FTE</b> employees<br>(\$160.00 Business License Fee & \$50.00 Investigation Fee)                 | \$210.00   |
| Additional Fee: Employees (6-49): # of Pendleton <b>FTE</b> employees _____ times \$20.00 *  | \$         |
| Fifty or more Pendleton <b>FTE</b> employees **  | \$1050.00  |

\*How to figure FTE: If you know your total number of labor hours for one year: Divide by 2080. This is your FTEs.  
FTEs do NOT mean number of employees.

\*\*Maximum Business License Fee for any Business is \$1,000

| <b>FOR OFFICE USE ONLY</b>                                   |  |           |
|--|--|-----------|
|  | Account: 110-43110 (BLING) \$100 or \$160<br>110-43130 (BLINV) \$50<br>255-43111 (BLEMP) Addnl Fee |           |
| Date Application Received:                                   |  |           |
| Amount Paid:   | Receipt #:   | Initials: |
| Exempt: (Check reason) _____ Nonprofit _____ Enterprise Zone |  |           |
| <u>Approvals by Department Heads</u>                         |  |           |
| Building/Planning: _____                                     | Police: _____  |           |
| Comments:<br>_____<br>_____<br>_____                         |  |           |
| Date Application Approved: _____                             | Denied: _____  |           |
| Date License Mailed: _____                                   | Denial Letter Mailed: _____  |           |
| License #: _____   | Refund Check #: _____  |           |