



GENERAL BUSINESS LICENSE RENEWAL FORM

CITY OF PENDLETON

500 SW DORION AVE.

PENDLETON, OR 97801

OFFICE: (541) 966-0207 FAX: (541) 966-0231

BUSINESS NAME/DBA: _____

BUSINESS LOCATION IN PENDLETON: _____

MAILING ADDRESS: _____

SS# / FEDERAL EMPLOYER ID#: _____ PHONE: _____

TYPE OF BUSINESS: _____

DO YOU CONDUCT THIS BUSINESS IN YOUR HOME? YES / NO (CIRCLE ONE)

[CONSTRUCTION CONTRACTORS MUST PROVIDE C.C.B. INFORMATION (SEE BACK OF FORM);
DOOR-TO-DOOR SALES MUST MEET FURTHER REQUIREMENTS – ASK FOR ADDITIONAL FORMS]

OWNER OR PRINCIPAL CONTACT FOR BUSINESS

(NAME)

(ADDRESS)

I understand that the license if approved will be valid from the date of issuance through the following February 1, regardless of the date of issuance during the year. If false or misleading information has been provided on this application, the General Business License may be suspended or denied. I understand that this application may be reviewed and approved by the Planning, Building Department and the Fire Department prior to issuance of a license. The building and fire codes protect the applicant and neighboring properties from hazards. The City may inspect your business to ensure that these codes are met.

The business named herein and its subcontractors, officers, agents and employees agree to hold the City of Pendleton, its officers, agents and employees, harmless from any and all liability of damage to persons or property as a result of the City licensing the business pursuant to the City of Pendleton's Business License Act. This hold harmless agreement is intended to be as liberally applied as allowed under Oregon law.

I understand that this form is only an application. If approved, a license will be mailed to my business address. If the application is not approved, a letter will be sent to notify me.

Signed: _____ Date: _____

Title: _____

FEE CALCULATION

FOR BUSINESSES WITH A PERMANENT LOCATION WITHIN THE CITY LIMITS:

| Check the following as they apply | FEE |
|--|-----------|
| _____ Base Fee : w/Five or fewer (0-5) Full-Time Equivalent (FTE) employees | \$100.00 |
| _____ Additional Fee: Employee (6-49): # of FTE employees _____ times \$20.00 * | \$ |
| _____ Fifty or more FTE employees ** | \$1000.00 |

FOR BUSINESSES WITHOUT A PERMANENT LOCATION WITHIN CITY LIMITS:

| | |
|--|-----------|
| _____ Base Fee: w/Five or fewer (0-5) Pendleton FTE employees | \$160.00 |
| _____ Additional Fee: Employees (6-49): # of Pendleton FTE employees _____ times \$20.00 * | \$ |
| _____ Fifty or more Pendleton FTE employees ** | \$1000.00 |

*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

CONTRACTORS ONLY

STATE OF OREGON CONSTRUCTION CONTRACTORS BOARD REQUIREMENTS

I am in compliance with ORS 701.055 (7), which requires me to be currently registered with the State of Oregon Construction Contractors Board. My registration is in Full force and effect.

SIGNED

DATE

C.C.B.#

EX. DATE

FOR OFFICE USE ONLY

Account: 110-43110 (BLING) \$100 or \$160

255-43111 (BLEMP) Addnl Fee

Date Application Received:

Amount Paid:

Receipt #:

Initials:

Exempt: (Check reason) Nonprofit Enterprise Zone

Approvals by Department Heads

Building/Planning: _____ Fire Marshal: _____

Comments:

Date Application Approved: _____ Denied: _____

Date License Mailed: _____ Denial Letter Mailed: _____

License #: _____ Refund Check #: _____

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