CITY OF PENDLETON
ROUND-UP BUSINESS LICENSE APPLICATION

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

(Please type or print)

BUSINESS NAME/DBA: _____

SS#/Federal Employer ID #: _____ **Business Phone #:** _____

ROUND-UP BUSINESS LOCATION: _____

PERMANENT BUSINESS LOCATION: _____

MAILING ADDRESS: _____

TYPE OF MERCHANDISE/CONCESSION: _____

Agent/Owner and/or Principal Contact for Business:

(Name) **(Address)**

FEE CALCULATION

	Fee
For businesses with a permanent location within the City limits:	**$100.00**
For businesses without a permanent location within City limits:	**$160.00 ***

By signature below, the Agent/Owner agrees to the following:

1) The business named herein and its subcontractors, officers, agents and employees agree to hold the City of Pendleton, it officers, agents and employees, harmless from any and all liability for 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.

2) I understand that this application must be reviewed and approved by the Planning & Building Department and the Police Department prior to issuance of a license. I also understand that the license is not transferable; that conduct of the business shall conform with the statements made in the applications, and with any special conditions of operation imposed on the license, that the license shall be displayed during all hours of business operations; and that all applicable city, state and federal laws rules and regulations shall be abided by during the operations of the business.

3) I, the undersigned, acknowledge my consent to act as an agent for accepting service of process, notice of demand as required or permitted by law to be served upon the applicant completing the application. The Finance Director reserves the right to accept or deny the appointed agent.

4) I understand that this form is <u>only an application</u>. If approved, a license will be mailed to my business address approximately one month prior to Round-Up. If the application is not approved, a letter will be sent to notify me.

Signature of Agent/Owner:_____**Date:**_____

Address:_____

******PAGE 2 IS MANDATORY FOR ALL BUSINESSES NOT CURRENTLY LICENSED WITHIN CITY LIMITS OF PENDLETON**

*** REQUIRED APPLICANT INFORMATION ***

Applicant Name: _____
Agent's name, not name of business)
Social Security Number of Applicant: _____

Phone Number: _____ **Emergency Phone #:** _____

Driver's License: State:_____ **Number:** _____
Date of Birth:_____ **Place of Birth:** _____

Description of Business: _____

State all past criminal convictions, including unlawful trade practices, fraud, or crimes which involve moral turpitude:
_____

_____

_____

State all known consumer complaints made to local or state agencies: _____

_____

_____

FOR OFFICE USE ONLY

Date Application Received: _____ **Account #: 110 43110 (BLING)**

Amount Paid: $_____**Receipt #:**_____ **Initials**_____

Approvals by Department Head Signatures:

Building/Planning;_____**Police:**_____

Comments/Conditions: _____

_____

Date Application Approved: _____**Denied:** _____

Date License Mailed: _____**Date Denial Letter Mailed:** _____

License#: _____**Refund Check #:** _____