



**Business License Application**

**CITY OF PENDLETON**

Community Development Department  
(541) 966-0204 Fax (541) 966-0251  
500 SW Dorion Avenue, Pendleton, OR 97801

**Sign Permits are required for all signage relating to your business.**

**NOTICE TO APPLICANT: Incomplete applications** will not be acted upon until the Community Development Department receives all required submittal materials and fees. **Failure to provide complete and/or accurate information may result in delay or denial of your request.**

**APPLICANT**

**Email Address (required)**

**Business name / DBA**

**Describe Business Activity (see conditions)**

**Business location**

**Business mailing address**

Phone Fax Date of Birth

Applicant's interest in property \_

**SS# / Federal Employer ID#**

**Do you conduct the business in your home?** No  Yes  if yes, Completed Home Certification Form

**Property Owner Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that this license, if approved, will be valid from the date of issuance through the following February 1, regardless of the date of issuance.

If false or misleading information has been provided on this application, my Business License may be suspended or denied. I understand this application must be reviewed and approved by the Community Development Department, the Police Department, and the Fire Department prior to issuance. Structural and Fire Codes are required to be met within the City; the City of Pendleton reserves the right to inspect your business to ensure that applicable codes and standards are met. **Sales of medical or recreational marijuana is not part of this license.**

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 for damage to persons and/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 within four (4) weeks. If the application is not approved, the City of Pendleton will notify me by mail.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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.

**CCB #**      **Exp. Date**      **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**License #**      **Exp. Date**      **Signature** \_\_\_\_\_

**FEE SCHEDULE ON REVERSE**

## FEE CALCULATION

For businesses **with** a permanent location within the City limits

**How to figure FTE:** Total number of labor hours for one year \_\_\_\_\_ / 2080 = FTE count.  
FTEs do NOT mean number of employees.

Check one of the following

AND  **Base Rate** of Five or fewer (1-5) Full-time Equivalent (FTE) employees \$100.00 +  
6-49 FTE Employees # \_\_\_\_\_ employees x \$20/employee = \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

OR  50 or more FTE employees \$1,000.00\*

For businesses **without** a permanent location within the City limits

Check one of the following

AND  **Base Rate** of Five or fewer (1-5) Full-time Equivalent (FTE) employees \$160.00 +  
6-49 FTE Employees # \_\_\_\_\_ employees x \$20/employee = \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

OR  50 or more FTE employees \$1,000.00\*

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

**NOTE: General Contractors may opt to purchase Construction Project License for Subcontractors. License is in addition to General Contractors Business License.**

## OFFICE USE ONLY

Date Received \_\_\_\_\_ Accepted as complete \_\_\_\_\_ Received by \_\_\_\_\_

Finance Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Initials \_\_\_\_\_

### DEPARTMENT APPROVALS

Site Location/Description Tax Map #(S) \_\_\_\_\_ Tax Lot #(s) \_\_\_\_\_

Zone R1  R2  R3  CMU  C2  C3  M1  M2  Permitted Use  Conditional Use

SIC Code/Description \_\_\_\_\_

Community Development \_\_\_\_\_ Date \_\_\_\_\_

Fire Marshal \_\_\_\_\_ Date \_\_\_\_\_

Police Chief \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Notification mailed (date) \_\_\_\_\_ Initials \_\_\_\_\_

License # \_\_\_\_\_ Refund check # \_\_\_\_\_

Notes/Conditions of approval \_\_\_\_\_