



Special Event Business License Application

CITY OF PENDLETON

500 SW DORION AVE

PENDLETON, OR 97801

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

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

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

BUSINESS NAME/DBA: _____

BUSINESS OWNER: _____

SPECIAL EVENT: Round Up Whiskey Fest Bike Week Other _____

Other _____ Other _____ Mark all that apply.

Location of Business @ Event _____

SS# / Federal Employer ID# _____

Note: The City will attempt to redact SSN from all public records requests.

Email Address (required) _____

Phone _____

Applicant's Name: _____

Date of Birth _____

Business mailing address _____

Describe Business Activity (see conditions) _____

Does your business have a permanent business location in Pendleton city limits? No Yes

if yes, where _____

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. 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.

If false or misleading information has been provided on this application, my Event 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. 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. **Transactions of medical or recreational marijuana related businesses are prohibited. Special Event vendors are prohibited from locating within residential zones.**

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 two (2) weeks. If the application is not approved, the City of Pendleton will notify me by mail.

Signature _____ **Date** _____

FEE CALCULATION

For businesses with a permanent location within the city limits	Fee	\$100.00
For businesses without a permanent location within the city limits	Fee	\$160.00

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

REQUIRED APPLICATION INFORMATION IF BUSINESS NOT CURRENTLY LICENSED WITHIN CITY LIMITS OF PENDLETON

Applicant's Name: _____ **Agent's Name** not Name of Business _____

Driver's License Number _____ **State** _____

Emergency Phone #: _____ Place of Birth: _____

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: _____

Date Received _____ Account # 110-43110 (BLING) Received by _____

Finance **Fee Paid \$** _____ **Receipt #** _____ **Initials** _____

DEPARTMENT APPROVALS

Fire Marshal _____ Date _____

Police Chief _____ Date _____

Approved _____ Denied _____ Notification mailed (date) _____ Initials _____

License # _____ Refund check # _____

Notes/Conditions of approval _____
