



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.**

(Please Print) **APPLICANT** _____

Email Address (required) _____

Business name / DBA _____

Describe Business Activity (see conditions) _____

Business location if business is within city limits _____

Business mailing address _____

Phone _____ Fax _____ Date of Birth _____

Applicant's interest in property Contractor Tenant Sub-leasee Home Owner Property Owner _____

SS# / Federal Employer ID# _____ this is a public document, public information

Is your business primarily conducted in your home? No Yes if yes, Completed Home Certification Form

Property Owner Signature _____

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. **Transactions 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 _____