STANDARD BUSINESS LICENSE APPLICATION

Please remit to:
CITY OF TROUTDALE
219 E. Historic Columbia River Hwy., Troutdale, OR 97060
(503) 665-5175 Website: www.troutdaleoregon.gov

OFFICE USE ONLY:
BUSINESS LICENSE NUMBER:
2016 - ___ ___ ___ ___

PLEASE PRINT CLEARLY

Business Name:_____ Business Phone (1): _____
If location in Troutdale: ☐ *New Business* ☐ *New Ownership of Existing Business*

DBA: *(if applies)*_____ Business Phone (2): _____

Type of Business:_____
60-character limit – this description will appear on your license.

Business Address: *(no P.O. boxes)*_____ E-mail Address:_____

City: _____State: _____ Zip:_____ Check One:

Business Mailing Address: *(if different)*_____ ☐ **Corporation** ☐ **LLC** ☐ **S. Corp**

City: _____State: _____ Zip:_____ ☐ **LLP** ☐ **SOLE PROPRIETOR**

IF THE "BUSINESS ADDRESS" ABOVE IS IN TROUTDALE, ARE YOU THE PROPERTY OWNER?
Yes ☐ **No** ☐ *(If 'No', please provide the required information below):*

Property Owner Name: _____ Phone: _____ E-Mail: _____

Property Owner **MAILING** Address, City, State and Zip: _____

All businesses: Check One: ☐ **OWNER** **or** ☐ **LOCAL MANAGER**

Name_____ Phone_____

Address_____ City, State, Zip_____

Birth Date_____ Drivers License #_____ State_____

Required for all corporations & partnerships: Check One: ☐ **PARTNER** **or** ☐ **CORPORATE CONTACT**

Name_____ Phone_____

Address_____ City, State, Zip_____

Birth Date_____ Drivers License #_____ State_____

If your business is located in Troutdale, please complete the following:

(1) Are you self-employed?
☐ YES ☐ NO

(2) (Including self) Number of employees:
Full-time #_____ Part-time #_____

(3) Circle day(s) business is operating:
M TU W TH FR SA SU

(4) Business hours: _____

BUILDING/CONTRACTOR REGISTRATION & LICENSING:

Construction Contractors Board # _____

Landscape Contractors Board # _____

Metro Contractor # _____

Plumbing/Electrical State Registration # _____

DEQ REQUIRED PERMIT *(if applies to business):*

NPDES Permit # _____Type of Permit _____

Foster Care/Daycare Facilities Only:

State of Oregon Certification # _____ Exp Date_____

COMPLETE AND SIGN REVERSE SIDE OF APPLICATION

SECTION A- PEDDLERS/SOLICITORS (Fee - $5 per peddler)

Office Use - MCSO Initial

The applicant for a Peddler/Solicitor license shall comply with the following conditions:

1. The parent company must have a valid City of Troutdale Business License or Metro Contractors License.
2. Only persons registered on this application shall go door to door within the City of Troutdale.
3. No solicitation on the street is permitted at any time.
4. Any person engaged in soliciting that enters property where a "No Solicitation" sign is posted, is trespassing in violation of TMC 9.28.030 and will be prosecuted.

PEDDLER'S FULL NAME	ADDRESS (CITY, STATE, ZIP)	BIRTHDATE	DRIVERS LICENSE / STATE	
(Please Print Clearly)			/	
			/	
			/	

Please use our Peddler/Solicitor Form if you have more than three solicitors.

SECTION C- BUSINESS LICENSE FEES

BUSINESS LICENSE FEE (**NON REFUNDABLE**) $ **70.00**

PEDDLER/SOLICITOR x $5 per person $_____

TOTAL FEES $_____

IMPORTANT: SIGNATURE REQUIRED!

I hereby certify that the information contained herein is true to the best of my knowledge. I agree and understand that the City of Troutdale, in evaluating this application, may review my criminal history and the criminal history of any employee who is going to work for the business, which is the subject of this license. I agree to abide by all applicable codes and ordinances of the City of Troutdale and to correct any hazards or violations as they may pertain to the above business. Issuance of this license does not guarantee that the site or use conforms to the City of Troutdale land use regulations.

OFFICE USE ONLY

Planning Department:		Date
Zoning Code	NAICS Code	TAZ Code
B.O. Review for C.O.: ☐ Approved ☐ Approved w/letter	Initial: _____ _____	Date
Permit Specialist: *(N/A unless CCB / LCB)*		Date
MC Sheriff's Office:		Date
Copy to Gresham Fire: ☐ Yes ☐ N/A *(If N/A, state reason)*		Date
Receipt #		Date
Amount Paid $		
Issued with exceptions? ☐ YES		

BRIEFLY DESCRIBE YOUR BUSINESS / PRACTICE:

_____

_____

SIGNATURE:_____ **DATE:** _____

PRINT NAME:_____**TITLE:** _____