

~ *City of Port Orford* ~
PO Box 310
Port Orford, OR 97465
Business License Application

Business Name: _____

Owners Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

E-Mail: _____ Website: _____

Business Location: _____

Type of Business: _____

Would you like to display advertising information at the Visitor Center? Yes _____ No _____

Please circle one of the following:

Annual Business License Fee: Gross Sales \$10,000 and Up \$ 48.00

Small or New Business License Fee:

 Previous Year Gross Sales between \$400 and \$9,999 \$ 24.00

 New Business or Previous Year Gross Sales under \$400 \$ 5.00

 Annual Fee for Business Sign of 25 sq. ft. or larger \$ 5.00

By endorsement of this application I agree that I hold all licenses, bonds, insurance and/or verification to operate above stated business. I am aware and in compliance of applicable ordinances for conducting business in the *City of Port Orford*. I agree to inspection, when necessary, by the *City of Port Orford Public Works Department* for determination of grease/oil interceptors, and/or back flow devices for cross connection control. I agree that if a reduced business license fee is paid, I can provide documented proof of gross sales upon request. I agree that I am subject to all fines and penalties for failure to comply with all City, State, and Government business regulations which pertain to the operation of stated business.

Signature: _____ Date: _____

PUBLIC WORKS DEPARTMENT INSPECTION

A. Grease and Oil Interceptors: Approved: _____ NOT Approved: _____ NOT Applicable: _____

COMMENTS _____

B. Cross Connection Control: Approved: _____ NOT Approved: _____ NOT Applicable: _____

COMMENTS: _____

Date Inspected: _____ Inspector: _____