



City of Durham

17160 SW Upper Boones Ferry RD
 Durham, OR 97224
 503-639-6851 FAX 503-598-8595
 Website: www.durham-oregon.us
 Email: cityofdurham@comcast.net

BUSINESS LICENSE APPLICATION FOR APARTMENTS

| BUSINESS INFORMATION | | | | | | | | | | | | | | | | | |
|---|-----------------|----------|----------|---|--|----------|----------|---|--|--|----------|---|--|------------------|-----------------|--|--|
| Apartment Name (DBA): | | | | | | | | | | | | | | | | | |
| Onsite Contact: | | | | | | | | | | | | | | | | | |
| Parent Company: | | | | | | | | | | | | | | | | | |
| Business Description: | | | | | | | | | | | | | | | | | |
| Location Street Address: | | | | | | | | | | | | | | | | | |
| Business Mailing Address: | | | | | | | | | | | | | | | | | |
| Business Phone: | Fax: | | | | | | | | | | | | | | | | |
| Email: | Website: | | | | | | | | | | | | | | | | |
| Emergency Contact and Phone: | | | | | | | | | | | | | | | | | |
| Contact name, email, and phone number for the Management Company headquarters: | | | | | | | | | | | | | | | | | |
| FEES | | | | | | | | | | | | | | | | | |
| <p>Business Licenses are issued for one year from July 1 through June 30 of the following year. Fees are due before July 1 or before engaging in any business in Durham. Payments not received within 30 days of the due date are subject to delinquency fees of \$10 per calendar month or fraction thereof. For <i>new</i> businesses starting after December 31, the fee is 50% of yearly fee. If you are operating more than one business in Durham, a separate license is required for each business.</p> <p>Apartment Complex Fee: Base fee of \$50.00 plus an additional fee of \$12.00 per unit:</p> <p>Number of Units _____ x \$12.00 = Unit Fee \$_____</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Base Fee</td> <td style="width: 10%; text-align: right;">\$ 50.00</td> <td style="width: 10%; text-align: right;">+</td> <td style="width: 10%;"></td> </tr> <tr> <td>Unit Fee</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">+</td> <td></td> </tr> <tr> <td>Late Renewal Fee, \$10 x each month after June 30</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">=</td> <td></td> </tr> <tr> <td>Total Fee</td> <td style="text-align: right;">\$ _____</td> <td></td> <td></td> </tr> </table> | | Base Fee | \$ 50.00 | + | | Unit Fee | \$ _____ | + | | Late Renewal Fee, \$10 x each month after June 30 | \$ _____ | = | | Total Fee | \$ _____ | | |
| Base Fee | \$ 50.00 | + | | | | | | | | | | | | | | | |
| Unit Fee | \$ _____ | + | | | | | | | | | | | | | | | |
| Late Renewal Fee, \$10 x each month after June 30 | \$ _____ | = | | | | | | | | | | | | | | | |
| Total Fee | \$ _____ | | | | | | | | | | | | | | | | |

ADDITIONAL INFORMATION

Hazardous Materials. Are there any hazardous materials stocked, stored, used, or handled onsite? Hazardous Materials includes communicable disease agents, radioactive waste, oils or petroleum related products and hazardous substances designated by the EPA. If in doubt, the City can provide reference to the ORS statutes. Please attach a list.

None or Type of Material: _____

The City of Durham requires compliance with the **Metro Business Recycling Ordinance**. By signing this form, you are certifying that the business is in full compliance with the requirements of the recycling ordinance. The ordinance can be found online at www.durham-oregon.us under "Recent Ordinances and Resolutions."

I comply with the Metro Business Recycling Ordinance.

Not applicable because _____

The information provided in this form subject to public disclosure in accordance with the Oregon Public Records Law.

I hereby certify that the information contained herein is true to the best of knowledge:

Applicant's Name and Title: _____

Applicant's Signature: _____

Return this application and payment to:
The City does not accept credit cards.

City of Durham
17160 SW Upper Boones Ferry Road

FOR CITY USE ONLY:

Received by: _____ Receipt #: _____ Date Received: _____

License #: _____ Date Issued: _____ Fee Paid \$: _____