



City of Durham

17160 SW Upper Boones Ferry Rd
 Durham, OR 97224
 503-639-6851 Fax 503-598-8535
 Website: www.durham-oregon.us
 Email: cityofdurham@comcast.net

BUSINESS LICENSE APPLICATION

| | | | | | | | | | | | | | | | | |
|---|---|----------|------------------------|---------|--|-------------------------|----------|--|---------------------------|----------|----------------|------------|--|------------|------------------|----------|
| BUSINESS INFORMATION | | | | | | | | | | | | | | | | |
| Business Name (DBA): | | | | | | | | | | | | | | | | |
| Company Contact: | | | | | | | | | | | | | | | | |
| Parent Company: | | | | | | | | | | | | | | | | |
| Business Description: | | | | | | | | | | | | | | | | |
| Business NAICS Code: | Go to: www.naics.com/naics-search-results/ to determine your code. | | | | | | | | | | | | | | | |
| Location Street Address: | | | | | | | | | | | | | | | | |
| Business Mailing Address: | | | | | | | | | | | | | | | | |
| Business Phone: | Fax: | | | | | | | | | | | | | | | |
| Email: | Website: | | | | | | | | | | | | | | | |
| Emergency Contact and Phone: | | | | | | | | | | | | | | | | |
| Names and email of All Persons Having an Ownership Interest in the Business: | | | | | | | | | | | | | | | | |
| Contact name, email, and phone number for Property Management Company where business is located: | | | | | | | | | | | | | | | | |
| 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>Fees for Businesses other than Apartments: Fees are based on the number of employees.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Fees:</td> <td style="width: 70%;">0 – 10 Employees</td> <td style="width: 20%; text-align: right;">\$50.00</td> </tr> <tr> <td></td> <td>11 – 50 Employees</td> <td style="text-align: right;">\$100.00</td> </tr> <tr> <td></td> <td>51 or More Employees.....</td> <td style="text-align: right;">\$200.00</td> </tr> </table> <p>Number of Employees _____ Date of Employee Count _____</p> <p>Employees include owner. Do not double count employees. If multiple businesses exist at the same location and share employees, separate applications for each business are required but employees should only be counted once.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Applicable Fee</td> <td style="width: 30%; text-align: right;">\$ _____ +</td> </tr> <tr> <td>Late Renewal Fee, \$10 x each month if received after June 30</td> <td style="text-align: right;">\$ _____ =</td> </tr> <tr> <td>Total Fee</td> <td style="text-align: right;">\$ _____</td> </tr> </table> | | Fees: | 0 – 10 Employees | \$50.00 | | 11 – 50 Employees | \$100.00 | | 51 or More Employees..... | \$200.00 | Applicable Fee | \$ _____ + | Late Renewal Fee, \$10 x each month if received after June 30 | \$ _____ = | Total Fee | \$ _____ |
| Fees: | 0 – 10 Employees | \$50.00 | | | | | | | | | | | | | | |
| | 11 – 50 Employees | \$100.00 | | | | | | | | | | | | | | |
| | 51 or More Employees..... | \$200.00 | | | | | | | | | | | | | | |
| Applicable Fee | \$ _____ + | | | | | | | | | | | | | | | |
| Late Renewal Fee, \$10 x each month if received after June 30 | \$ _____ = | | | | | | | | | | | | | | | |
| Total Fee | \$ _____ | | | | | | | | | | | | | | | |

Exemption from License Fees: Persons claiming exemption shall submit this application form and proof of valid entitlement to an exemption.

Exemptions may be granted based on ORS 696.365 (relating to real estate salespersons working under a broker with principal offices outside the city), ORS 701.015 (relating to contractors and landscape contractors licensed by the Metropolitan Service District) or any other provision of state or local law. Non-profit organizations shall show proof that the Internal Revenue Service and the Oregon Department of Revenue have granted that status.

ADDITIONAL INFORMATION

Commercial Leasing Agents / Building Owners Only:

Estimated total number of current employees for all businesses at the property: _____

Please attach **a current commercial tenant list** with contact names, suite numbers, phone numbers, and emails.

Home Occupation

Is the business operated within a home? _____ If yes, you will need to sign an agreement for home occupation of a business.

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, business not located in the City of Durham.

Not applicable, home business.

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
Durham, OR 97224

FOR CITY USE ONLY:

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

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