



# City of Durham

17160 SW Upper Boones Ferry Road  
Durham, OR 97224  
503-639-6851 Fax 503-598-8595  
www.durham-oregon.us  
cityofdurham@comcast.net

## TELECOMMUNICATION PROVIDER LICENSE APPLICATION FOR USE AND OCCUPANCY OF THE PUBLIC RIGHTS OF WAY

### BUSINESS INFORMATION

Provider's Name as registered with the State of Oregon:

DBA:

State of Incorporation: Type of Ownership:

Company Contact: Email:

List any affiliated businesses, including parent or subsidiary organizations, and contact information:

Principal Office Address: Local Office Address:

Contact: Contact:

Business Phone: Business Phone:

Email: Email:

Name, title, telephone, and email for the person to whom **notices** from the City should be sent:

Name, title, telephone, and email for **local operations** person(s) to be contacted regarding the provider's facilities or equipment within the City rights of way:

### CERTIFICATE OF AUTHORITY

**Attach as Exhibit A:**  
The provider's application for and current Certificate of Authority or similar license from the Oregon Public Utility Commission or the Federal Communications Commission. If the provider does not have a Certificate of Authority, provide a statement as to why no certificate is required.

### DESCRIPTION OF FACILITIES AND EQUIPMENT

**Attach as Exhibit B:**  
A description of the provider's existing or proposed facilities and equipment within City rights of way. Provide information in sufficient detail to determine if the facilities and equipment at any given location are, or will be, underground or aerial; where they (will) lie in relation to those portions of City public rights of way improved for use of motor vehicles and those portions improved for bicycle or pedestrian use; and the total lineal footage within City public rights of way that the provider's facilities and equipment occupy.

### DESCRIPTION OF SERVICES OFFERED

**Attach as Exhibit C:**  
A description of the services that the provider offers, or intends to offer, by use of facilities and equipment within City rights of way, and whether the provider offers, or intends to offer, those services to customers at addresses within the City.

**TERM**

The Telecommunication Provider License granted pursuant to this application is valid for one (1) year from January 1 to December 31. The initial term of the license is from the date issued until December 31 of that calendar year. The City may renew the license for up to four successive one-year terms in the same manner. License holders are required to reapply for a renewal by December 1. Please specify the person to contact for the renewal:

Name and title: \_\_\_\_\_

Email and phone number: \_\_\_\_\_

**ANNUAL FEE**

The annual fee shall be *the greater of*:

A. a minimum fee of \$2,500 for each year or any portion thereof; or

B. an annual fee of 5% of gross city revenue earned from the use of the provider's facilities and equipment to provide telecommunications or telecommunications services, or both, to premises within the City.

To determine the license renewal fee, the applicant must calculate the license fee by using the total revenue earned in the City for the preceding license year as described below. The City will deem all statements of earnings to be exempt from disclosure as a public record per ORS 192.501(5).

Annual license fees not fully paid when due will be assessed interest on the unpaid amount equal to 9% per annum.

**APPLICANT ACKNOWLEDGEMENT**

Upon approval of this application, the City grants the telecommunications facilities-based provider a license to use and occupy City public rights of way. This license does not authorize the installation, placement, or use of wireless facilities and equipment in the City's rights of way.

The license granted pursuant to this application is not exclusive. The City expressly reserves the right to grant to other persons additional licenses and franchises for the same or different purposes.

By signing this application, the applicant certifies that all the statements made in this application and the statements in any attachments, and exhibits transmitted herewith, are true; and the applicant acknowledges that an approved may be revoked if it is found that that any statements are false.

The City will review this application and return an approved copy to the applicant to serve as the license and receipt of license fee.

Applicant \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Return this application with exhibits and your payment to:

**City of Durham**  
**17160 SW Upper Boones Ferry Road**  
**Durham, OR 97224**

**FOR CITY USE ONLY**

Received by: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Received: \_\_\_\_\_

License # \_\_\_\_\_ Date issued: \_\_\_\_\_ Date Expired: \_\_\_\_\_