



17160 SW Upper Boones Ferry Rd. Durham, Oregon 97224

Business License for Apartments

Website: <u>www.durham-oregon.us</u> e-mail: cityofdurham@comcast.net 503.639.6851 Fax 503.598.8595

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BUSINESS INFORMATION		
Apartment Name (DBA):		
Onsite Contact:		
Parent Company:		
Business Description:		
Location Street Address:		
Business Mailing Address:		
Business Phone:	Fax:	
Email:	Website:	
	Website.	
Emergency Contact and Phone:		
Contact name, email, and phone number for the M	lanagement Company headqua	arters:
FEES		
Business Licenses are issued for one year from before July 1 or before engaging in any business date are subject to delinquency fees of \$10 starting after December 31, the fee is 50% of Durham, a separate license is required for ea	ss in Durham. Payments not i per calendar month or fract yearly fee. If you are operat	received within 30 days of the due ion thereof. For <i>new</i> businesses ing more than one business in
Apartment Complex Fee: Base fee of \$50.00 p	olus an additional fee of \$12.0	0 per unit:
Number of Units x \$12.00 =	Unit Fee \$	
		¢ 50.00
Base Fee Unit Fee		\$ 50.00 + \$ +
Late Renewal Fee, \$10 x each month if received	d 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 <u>www.durham-oregon.us</u> 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 Durham, OR 97224		
FOR CITY USE ONLY:			
Received by: Receipt #:	Date Received:		
License #: Date Issued:			