



# City of Durham

17160 SW Upper Boones Ferry Rd.  
Durham, Oregon 97224

## Telecom Provider License Application

Website: [www.durham-oregon.us](http://www.durham-oregon.us)  
e-mail: [cityofdurham@comcast.net](mailto:cityofdurham@comcast.net)  
503.639.6851 Fax 503.598.8595

### Telecommunication Provider License Application For Use And Occupancy Of The Public Rights Of Way

<b>BUSINESS INFORMATION</b>	
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 <b>notices</b> from the City should be sent:	
Name, title, telephone, and email for <b>local operations</b> person(s) to be contacted regarding the provider's facilities or equipment within the City rights of way:	
<b>CERTIFICATE OF AUTHORITY</b>	
<b>Attach as Exhibit A:</b> 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.	
<b>DESCRIPTION OF FACILITIES AND EQUIPMENT</b>	
<b>Attach as Exhibit B:</b> A description and site map showing the provider's existing or proposed facilities and equipment within City rights of way. Indicate if the facilities and equipment at any given location are, or will be, underground or aerial. Describe where they (will) lay in relation to the City public rights of way. Provide the total lineal footage within City public rights of way that the provider's facilities and equipment occupy.	
<b>DESCRIPTION OF SERVICES OFFERED</b>	
<b>Attach as Exhibit C:</b> 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. Providers shall renew their application by December 1 of each year. Please specify the person to contact for the renewal:

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

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

**ANNUAL FEE**

The minimum annual fee is \$3,000. The *minimum* fee is due by December 31 for the upcoming year.

Does the licensee provide services to customers within the City of Durham? \_\_\_\_\_

If the licensee provides services to Durham customers, the provider must **calculate the annual license fee by using the total revenue earned in the city for the proceeding license year as described below.** The provider must document the calculation. The additional license fee is due by January 31.

For providers with customers in Durham, the annual fee is the greater of:

A. the minimum annual fee of \$3,000, or

B. five percent (5%) of gross city revenue earned from the use of the provider's facilities and equipment to provide telecommunication services to premises within the city. The provider must document the calculation. 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 paid fully when due will be assessed interest at a rate of 9%, compounded daily from the date due until paid.

**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 license may be revoked if it is found 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**

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

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

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

Late fee: \_\_\_\_\_ Total fee: \_\_\_\_\_