



City of Durham

17160 SW Upper Boones Ferry Rd.
Durham, Oregon 97224

Small Cell Wireless License Application

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

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 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.	
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. 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 annual fee is **\$270 per attachment in the right of way**, unless the City's actual costs exceed this fee, in which case the fee shall be adjusted to an amount equal to the City's actual costs.

The annual fee is due by December 31 for the upcoming year.

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

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: _____

Number of attachments in ROW _____

Annual fee: _____ Received by: _____ Receipt # _____ Date Received: _____

Late fee: _____ Total fee: _____