



CITY OF SILVERTON

306 S. Water Street | Silverton, Oregon 97381

BUSINESS LICENSE APPLICATION

Addendums None Home Occupation Tobacco Store
Attached: MetCom Responsible Party Information Form (**Required for local businesses only**)

Business Name	
Business Mailing Address	
Silverton Business Location (local businesses only)	
Business Phone	Business Owner's DL # or Tax ID #
Business Owner's Name	Business Owner's Phone #(s)
Email Address	Number of Employees (Contractor's-# on site at a time)
Days & Hours of Operation	Opening Date (local businesses only)
Description of Business and Products or Services	

Contractors

Construction Contractors Board (CCB) # or Landscape Contractors Board (LCB) #	Expiration Date
Plumbing/Electrical License #	Expiration Date

I hereby certify that the information contained herein is true to the best of my knowledge. I agree to abide by all applicable codes and ordinances of the City of Silverton and will notify the City of any changes concerning information within this application. **I understand that submission of this application along with fee payment does not constitute the issuance of a business license and agree that I will not engage in business activities prior to receipt of a business license which may take up to ten business days:**

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received by: _____ Date: _____

✓	Fee Type	Amount	Amount Collected
	0-4 Full Time Employees	See Schedule	
	5+ Full Time Employees	See Schedule	
	Home Occupation (pro-rated semi-annually)	\$ 50.00	
	Tobacco Store (surcharge on business license)	\$ 50.00	
		Total Collected	

Pro-Rated Fee – pro-rated semi-annually for businesses that did not have an active business license in the prior calendar year

	0-4 FTE Employees	5 + FTE Employees
If submitted January - June	75.00	125.00
If submitted July – December	37.50	62.50

Routing and Approval

Initial/Date:

Planning/Zoning	
Code Enforcement	
Building	
Police	
City Manager	

Conditions or Comments:



BUSINESS LICENSE ADDENDUM HOME OCCUPATION

Home Occupation (Silverton Development Code Chapter 1.5.300): A business activity that is carried out on the same site as a dwelling unit and which is accessory to the household living use on the site.

Applicant:

Applicant Name: _____ Application Date: _____

Business Name: _____

Relationship to Property Owner: _____ Email Address: _____

Address of Home Occupation _____

Required Information:

Narrative. Brief description of the Home Occupation Business Plan and Daily Operations:

Authorizing Signatures:

I hereby certify that the information on this application and attachments are correct and that the property affected by this application is in the exclusive ownership or control of the applicant, or that the applicant has the consent of all partners in ownership of the affected property. An authorization letter from the property owner(s) may be attached in the event that the owner's signature has not been provided below.

Applicant Signature: _____

Property Owner(s):

Print or Type _____ Signature _____

Print or Type _____ Signature _____

Print or Type _____ Signature _____