



City of Silverton
 306 South Water Street
 Silverton, OR 97381
www.silverton.or.us (503) 874-2207

For Finance Department Use:

TRANSIENT BUSINESS LICENSE APPLICATION

- Fixed Location - Complete Sections A and C**
And Authorization for background check
- Door to Door - Complete Sections A, B**
and Authorization for background check

Section A

Name of Business:	
Description of Business and Type of Product Sold:	
Business Address:	Business Phone:
Dates of Operation:	Hours of Operation:
Owner/Manager Name:	
Owner/Manager Address:	Owner/Manager Phone:
Emergency Contact Name:	Emergency Contact Phone:
Have you ever been convicted of a felony: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	
Have you ever been convicted of a misdemeanor involving a violation of any municipal ordinance regulating or taxing any business or involving moral turpitude? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:	

Section B

Will you be soliciting door to door? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If No, skip to Section C)</i>		
Only the individuals listed on this application may go door-to-door with the City of Silverton: Use Additional Sheets if Necessary.		
Full Name	Address (inc. city, state, zip)	Driver's License/State
Vehicle Make/Model/Desc.		
Names of Drivers		

Section C

Silverton Business Location:
Manner in which public water will be provided:
Location of bathroom facilities for employees _____ <i>(Copy of written agreement with facility owner/manager must be attached to this permit application)</i>

In addition to this application, please provide the following:

- Proof of the applicant’s possession of any permits, certificates, or registrations that are required by city, county, state or federal laws to conduct the type of business listed on the application.
- Site plan of the area where the business will be located. Site plan shall clearly show any parking spaces which may be impacted, any necessary driving lanes, utility pole locations, nearby buildings, and sidewalks.
- Proof of compliance with all applicable building codes.
- If food or beverage is to be sold, then the applicant shall provide a copy of proof of the applicable food handlers license from Marion County.
- If on private property, a signed letter of authorization from the property owner, or copy of lease agreement.

CAUTION: The supplying of false information on this application is a violation of the Code of the City of Silverton and constitutes a misdemeanor.

- 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 hereby certify that I have obtained any permits and licenses required under County, State or Federal law. **(Attach copies of all permits and licenses obtained)**
- **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.**

Applicant’s Signature

Date

Use additional pages for other owners or persons with a financial interest. Each individual must sign the Authorization to Conduct Background Check and include their full name, date of birth, social security number, address and phone number. Failure to comply with this requirement will negate the issuance of this permit. Photo identification is required for each person conducting business.

For Office Use Only

Fee Schedule: Non-Profit Free Less than 3 days \$100.00 90 Days \$200.00
 90 day renewal \$200.00 Bond Required

Routing and Approval

	Date:	Signature	Conditions:
Planning/Zoning/Code Enforcement <input type="checkbox"/> Add'l Conditions Attached			
Building			
Police			
City Manager			



CITY OF SILVERTON POLICE DEPARTMENT Authorization to Conduct Background Investigation

I authorize Silverton Police Department to conduct a criminal background investigation. I consent, without reservation to the retrieval of information that may include, but is not limited to organizations, federal, state, city or county level agencies, driving and criminal history.

I certify that all of the statements and answers set forth on the application form are true and complete to the best of my knowledge.

Signature of person authorizing investigation/record release

Date

Signature of witness

Date

FOR BACKGROUND INVESTIGATION PURPOSES, PLEASE COMPLETE THE FOLLOWING:

Business Associated With _____

Full Name _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State _____

Any other names you have used in the past _____

Contact phone number _____

BELOW FOR SILVERTON POLICE DEPARTMENT USE ONLY

CCH/Wanted: _____

LERMS: _____

Driver's License: _____

COPLINK: _____

Initials: _____ Charlie #: _____ Date Completed: _____