

306 S. Water Street | Silverton, Oregon 97381

## **BUSINESS LICENSE APPLICATION**

Addendums	□ None	Home Occupation	Tobacco Store	
Attached:	MetCom Res	sponsible Party Informat	ion 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: \_\_\_\_\_

$\checkmark$	<b>Fee Type</b>	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:**

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