

~ *City of Port Orford* ~
PO Box 310
Port Orford, OR 97465
Business License Application

Business Name: _____

Owners Name(s): _____

Mailing Address: _____

Phone Number: _____ Type of Business: _____

E-Mail: _____ Website: _____

Business Physical Address: _____

Please circle one of the following and enclose your check:

	<u>Annual</u> July-June	<u>Semi-Annual</u> Jan-June
<i>New Business</i>	\$25.00	\$12.50
Gross Sales of \$10,000 or less	\$25.00	\$12.50
Gross Sales of \$10,000 or more	\$100.00	\$50.00
Annual Fee for large Business: SIGNAGE of 25 sq. ft. or larger	\$5.00	

By signing this application, I agree that I hold all licenses, bonds, insurance and/or verification to operate above stated business. I am aware and in compliance of applicable ordinances for conducting business in the *City of Port Orford*. I agree to inspection, when necessary, by the *City of Port Orford Public Works Department* for determination of grease/oil interceptors, and/or back flow devices for cross connection control. I agree that I am subject to all fines and penalties for failure to comply with all City, State, and Government business regulations which pertain to the operation of stated business.

Signature: _____ Date: _____

PUBLIC WORKS DEPARTMENT INSPECTION

A. Grease and Oil Interceptors: Approved: _____ NOT Approved: _____ NOT Applicable: _____

COMMENTS: _____

B. Cross Connection Control: Approved: _____ NOT Approved: _____ NOT Applicable: _____

COMMENTS: _____

Date Inspected: _____ Inspector: _____