# *~ 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:** | **Annual** |
|---|---|
| **Gross Sales of $10,000 or less** | **$50.00** |
| **Gross Sales of $10,000 or more** | **$150.00** |

**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: _____**

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**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: _____**