

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

Business Name: _____

Owners Name: _____

Mailing Address: _____

Phone Number: _____ **Fax Number:** _____

E-Mail: _____ **Website:** _____

Business Location: _____

Type of Business: _____

Please circle one of the following:

Annual Business License Fee: New or Gross Sales up to \$10,000 \$ 25.00

Annual Business License Fee: Gross Sales more than \$10,000 \$ 100.00

Annual Fee for Business SIGN of 25 sq. ft. or larger \$ 5.00

By endorsement of 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:** _____