

City of Scappoose

Commercial Business Inside City Limits Questionnaire

A Business License Registration form is also necessary.

1. Give a description of business to be conducted in the building:

Occupancy Permit and Special Inspection Permit may also be required.

2. Provide a parking plan.

3. Will a sign permit be required? Yes____ No____

If yes, you will need a Sign Permit Application.

4. Will there be a structural change inside the building that would cause you to obtain a building permit? Yes____ No____

If yes, you will need a building permit application.

5. Will there be any direct sale of products or merchandise from this place of business?

Yes____ No____

If yes, please explain merchandise, and what are your hours of operation?

6. Will you be storing hazardous materials? Yes____ No____

If yes, please describe material and where it is stored.

7. Will commercial delivery (UPS, etc.) vehicles be coming to your place of business?

Yes____ No____

If yes, where will the loading and unloading take place and at what hours.

8. Will any equipment or process be used in the building that will create:

(Please Check)

_____ noise _____ vibrations _____ glare

_____ fumes _____ odors perceptible outside the building

_____ cause any electrical interference in any of the businesses surrounding your place of business

9. Does this business have an Alarm System? Yes ____ No ____

If yes, please make sure there is an alarm permit from the Scappoose Police Department.

10. Are you renting or leasing the building? Yes____ No____

11. If yes, please supply landlord/lessor name, address, and telephone number.

Name: _____

Address: _____

Telephone: _____

2010 Application for City Business Registration

City of Scappoose

33568 East Columbia Ave.
 Scappoose, Oregon 97056
 Phone 503-543-7146
 Fax 503-543-7182

YEAR ENDING DECEMBER 31, 2010
 OPENING DAY OF BUSINESS _____

SCAPPOOSE MUNICIPAL CODE, TITLE 5, BUSINESS LICENSE AND REGULATION, REQUIRES ALL FEES ARE DUE AND PAYABLE BY JANUARY 1ST EACH YEAR (UNLESS YOU ARE OUT SIDE OF THE CITY LIMITS THEN IT MUST BE RENEWED PRIOR TO WORKING IN THE CITY OF SCAPPOOSE), FAILURE TO PAY FEES BY DUE DATE WILL INCUR A PENALTY.

Owner Name: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Bus. Location: _____ * No. Employees: _____
 (Number of employees working 20 hours or more per week)

City, State, Zip: _____ * Owner Date of Birth: _____

Mailing Address: _____ * Owner Driver's License #: _____

City, State, Zip: _____ * No. of Rentals: _____

*** ONLY FOR BUSINESSES LOCATED IN CITY LIMITS**

Description of Business: (give details)

Check One:

- Retail Wholesale Financial Service Manufacturing Rentals Real Estate Home Occupation Other
- Contractor **Builder Board License #** (For Contractors) _____

IMPORTANT - READ AND SIGN BELOW RETURN WITH FEE. VALIDATED LICENSE WILL BE MAILED TO YOU.

	FEES:	
<input type="checkbox"/> New	Registration Fee \$ _____	Business located in City Limits: EXEMPT FOR 2010
<input type="checkbox"/> Renewal		Rental Units: EXEMPT FOR 2010
	Penalty Fee \$ _____	Business located out of City Limits: \$100.00 (good until Dec 31, 2010)
		OR
	Total Due \$ _____	7 consecutive days for \$40.00

Signed By _____ **Office/Title** _____ **Date** _____

I certify that the above information is correct (Make any corrections as needed)

NOTE: Additional City Permits may be necessary before the owner can commence business.

OFFICE USE ONLY

Planning _____ City Manager _____

Building _____ Police _____

 Amount Paid Date Issued By Receipt # Type Code Date Business Discontinued License Number

If you change your business address, nature of business, or if you are no longer doing business in Scappoose, please notify City Hall.