



APPLICATION FOR BUSINESS AND REGULATORY LICENSES

2021-2022

NEW BUSINESS AND NEW LOCATIONS

The City of Gold Hill Municipal Code requires annual licensing of each business operating in the city. Applicant must notify city within 30 days of any change in application information and keep all necessary county/state/federal licenses and permits current. Failure to do so will be treated as a misrepresentation and may result in revocation of license.

Sign permits must be obtained from the Planning Department prior to any installation or painting of outdoor advertising.

Business start date: _____ Is business based out of your home?: _____

Name of Business: _____

Does your business use any other business name(s) other than as stated above:

If yes, please list:

Owner(s) of Business and Date of Birth(s): _____

Owner(s) of Business and Date of Birth(s): _____

Address of Business: _____

Street Address

City

State

Zip Code

(If Rent/Lease, a copy of agreement from Property Owner authorizing business must be provided)

Mailing Address: _____

Street Address

City

State

Zip Code

Phone Number(s): _____ business phone or private phone or both

Email Address: _____ Name of Business Manager: _____

Oregon Construction Contractor Number: _____ Expiration: _____

Please describe the business activity and any accessory business activity: _____

Specify the products/services to be sold: _____

Will you require any age-based restrictions to customer access or sales? : _____

What was the prior use of the building (or tenant space): _____

No. of Employees including Owners: _____

The Business License is \$100.00 per year for businesses with a Gold Hill. If you employ more than two people, there is a \$10.00 per employee additional fee. The maximum Business License fee is \$150.00. The fee per employee only pertains to employees that are actually working within the City of Gold Hill.

Describe any recent remodeling or planned remodeling to this tenant space. If none, write "none" in the space provided.

Home Occupation will require a Conditional Use Permit.

Does this business require a Conditional Use Permit? Yes: _____ No: _____

Public Hearing Date: _____

Will your establishment handle Hazardous Materials? Yes: _____ No: _____

If yes, please contact D.E.Q. at 541-776-6010.

Special Licenses for this business? Yes: _____ No: _____

Type: _____ Lic. #: _____ Exp. Date: _____

If yes, please complete next section.

Please provide a copy of any special license(s) with your application.

This Section for Special License Categories Only.

Will this business be serving alcohol ? Yes: _____ No: _____

OLCC License Application RO#: _____

Will this business be serving food ? Yes: _____ No: _____

If yes, have you obtained a permit from the Health Department ? Yes: _____ No: _____

Permit : _____ Expiration Date: _____

A workable grease trap must be on the premises and will be inspected.
Inspection costs may be required.

Inspection By: _____ Date: _____

Will Amusement Devices be available for play in the establishment ? : Yes: _____ No: _____

If yes, please list number and type: _____

Amusement devices are taxed at an annual rate of \$100.00 per machine.

Will there be any other Adult Entertainment ? : Yes: _____ No: _____

If yes, please specify: _____

Social gaming tables are taxed at an annual rate of \$500.00 per table.

The undersigned applicant attests that the facts stated herein are true as I reasonably believe. I understand that this is a "sworn statement" and that any material misrepresentation contained herein will be cause for denial or revocation of license.

Signature: _____ Title: _____ Date: _____

Please allow 2 - 3 weeks for processing.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Business License Number: _____

Basic Fee: _____

Other Fees: _____

TOTAL: _____

Zone: _____

Additional Comments:

Receipt No.: _____

Receipt Date: _____

Check No.: _____

Submitted to Legal Counsel ? :

Yes: _____

No: _____

Signature of City Recorder: _____

Date:

Signature of Public Works Director : _____

Date:

Signature of County Official (if applicable): _____

Date: