



# CITY OF SCOTTS MILLS

265 4th Street PO BOX 220 | Scotts Mills, Oregon 97375

## BUSINESS LICENSE APPLICATION

**Attached:**     MetCom Responsible Party Information Form **(Required for local businesses only)**

Business Name	
Business Mailing Address	
Business Location	
Business Phone	Business Owner's DL # or Tax ID #
Business Owner's Name	Business Owner's Phone #(s)
Email Address	Number of Employees (Contractor's-# on site at a time)
Days & Hours of Operation	Opening Date
Description of Business and Products or Services	

### Contractors

Construction Contractors Board (CCB) # or Landscape Contractors Board (LCB) #	Expiration Date
Plumbing/Electrical License #	Expiration Date

I hereby certify that the information contained herein is true to the best of my knowledge. I agree to abide by all applicable codes and ordinances of the City of Scotts Mills and will notify the City of any changes concerning information within this application. **I understand that submission of this application along with fee payment does not constitute the issuance of a business license and agree that I will not engage in business activities prior to receipt of a business license which may take up to ten business days:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

✓	Fee Type	Amount	Amount Collected
	Local Business	\$100 per year	
	Non-local Business	\$200 per year	
	Businesses requiring OLCC license	\$50.00 per year	
	Business selling tobacco	\$15.00 per year	
	Solicitation/Solicitor	\$10.00 per year	
		<b>Total Collected</b>	

**Approval**

Initial/Date:

Planning/Zoning (if needed)	
Building (if needed)	
City Manager	

**Conditions or Comments:**
