

CITY OF SUBLIMITY BUSINESS LICENSE APPLICATION

(Please type or print clearly in dark ink)

- New Application
 Update Application/Address or Owner Change

Section A – Business Information – *Please complete all information*

Business Name	Business Phone
Business Location	Business E-mail
Mailing Address	Mailing City, State, Zip
Is this a Non-Profit Organization established for educational, religious or charitable purpose? (Circle One)	Is there liquor served on the premise? (Circle One)
YES NO	YES NO
Are there hazardous materials on the premise? (Circle One)	Are there flammable materials on the premise? (Circle one)
YES NO	YES NO
Are there gambling activities? (Circle One)	Number of Employees
YES NO	

Sections B – Description of Business – *describe in detail your business activities, products or services.*

Please check the appropriate box that applies to your business.

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing/Assembly/Warehousing/Storage Yards
<input type="checkbox"/> Apartment/Single family rental
<input type="checkbox"/> Institutional-school, hospitals, governments, churches
<input type="checkbox"/> Retail/personal services
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Automotive/vehicle/sales/repair machine shops
<input type="checkbox"/> Food/beverage/entertainment/recreational
<input type="checkbox"/> Office, including medical
<input type="checkbox"/> Home occupations |
|---|--|

Proposed Hours of Operation: _____

Section C – Business Ownership – *Attach additional pages if necessary*

- Sole Proprietor
 Partnership
 Corporation
 Limited Liability
 Non-profit
 Other _____

Company Name (as registered)	Date Business Began
Owner Name	Phone Number
Owner Address	City, State, Zip

Section D – Security/Safety

Does the building/premise have a security/fire alarm system? (Circle one) YES NO	If yes, monitored by:
If yes, monitoring company's phone number:	
Name of After Hours Emergency Notification Contact	Emergency Contact Telephone Number
Name of After Hours Emergency Notification Contact	Emergency Contact Telephone Number

Section F – SIGNATURES

I (We) hereby attest that I (we) have not been convicted of a crime which relates directly to the business for which this license is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Oregon Unlawful Trade Practices Act or similar state or federal statutes or any other judgment or any other judgment or cease and desist or consent decree relating to business activities.

I (We) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted that I (We) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct and complete. I (we) also understand the I(we) am (are) responsible for notifying the City Recorder, in writing of any change in location or mailing address within thirty days. All licenses are non transferable. I understand my place of business must comply with all federal, state and local codes and ordinances.

X

Signature of Applicant	Printed Name	Title	Date
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X

Signature of Applicant	Printed Name	Title	Date
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FOR OFFICE USE ONLY

Amt Received: _____ Date Received: _____ Receipt#: _____ Permit # _____