



City of Clatskanie
75 S Nehalem St. PO BOX 9
Clatskanie, OR 97016
Office: 503-728-2622 Fax: 503-728-3297

Business License Application

Business Information

| | | | | | |
|--|--|---|---|--|---------------------------------|
| Please check the type of license you are applying for: | | | | | |
| <input type="checkbox"/> In City | <input type="checkbox"/> Seasonal | <input type="checkbox"/> Home Occupation | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Landlord | <input type="checkbox"/> Mobile |
| <input type="checkbox"/> Outside contractor 6 months. Project: _____ | <input type="checkbox"/> Outside contractor one year. Project: _____ | <input type="checkbox"/> Outside Service Provider | <input type="checkbox"/> Event. Dates of Event: _____ | <input type="checkbox"/> Solicitation Door-to-door sales | |

Business Name: _____

Mailing Address: _____

Oregon State Contractors License No.: _____

Physical Business Address: _____

Business Phone Number: _____ Type of Business: _____

| Business Owner Information | Emergency Contact Information |
|--------------------------------|-------------------------------|
| Last Name: _____ | Name: _____ |
| First Name: _____ | Phone Number: _____ |
| E-Mail: _____ | Name: _____ |
| Fax Number: _____ | Phone Number: _____ |
| Driver's License Number: _____ | Name: _____ |
| Home Phone Number: _____ | Phone Number: _____ |

| For businesses located within city limits please provide the following information: | |
|---|---|
| Number of Employees _____ Number of Rental Units _____ Alarm Company _____ Phone Number: _____ | Please check all that apply: <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Sprinkler |

NOTICE: Approval of this application does not certify the applicant has complied with all code provisions. A change in use or a change in occupancy may require the applicant obtain a Building Inspection/Permit either prior to the issuance of a business license or at any other time such an inspection is warranted. Please provide all information requested on this form. Thank you for your business interest in the City of Clatskanie.

Applicants Signature: _____ Date: _____

| For Office Use Only | |
|---|--|
| Fee: _____ Date Paid _____ Receipt Number _____ Customer # _____ LP # _____ | Business License# _____ Approved by: _____ Date: _____ |

CITY OF CLATSKANIE
 LICENSE FEE SCHEDULE
 July 2024

Business License Fees

In-City Business

Fee

| | |
|---------------------------------|-------|
| Base Fee (includes 5 employees) | 60.00 |
| 6-10 Employees (each employee) | 5.00 |
| 11 & over (each employee) | 2.50 |
| Farmers Market Year-Round | 60.00 |

Out of City Service Provider (not a licensed contractor)

| | |
|----------|-------|
| Base Fee | 75.00 |
|----------|-------|

Lodging (Hotel/Motel & Temporary Lodging)

| | |
|--------------------------|-------|
| Base Fee | 60.00 |
| Rental Units (each unit) | 5.50 |

Manufactured Home Park

| | |
|--------------------------|-------|
| Base Fee | 60.00 |
| Rental units (each unit) | 2.50 |

Recreational Vehicle Park

| | |
|-------------------------|-------|
| Base | 60.00 |
| Rental Units (each pad) | 5.50 |

Landlord

| | |
|--|-------|
| Residential Rental Units (each rental unit-no base fee charge) | 15.00 |
| Commercial Rental Units (base fee charge only) | 65.00 |

Licensed Contractor

| | |
|---|--------|
| Annual Fee | 140.00 |
| Project License (any project lasting more than 7 days less than 1 year) | 75.00 |
| 7 Day License | 30.00 |

Other License Fees

| | |
|-----------------------------------|-------|
| Short Term (7 days or less) | 30.00 |
| Solicitation (Door-to-Door Sales) | 50.00 |
| Seasonal (6 months or less) | 30.00 |