



# City Business License Application

**CITY OF VERNONIA**  
1001 Bridge St. Vernonia OR 97064  
PHONE (503) 429-5291 - FAX (503) 429-4232  
[vernonia-or.gov](http://vernonia-or.gov)

Fees: Choose one

In-City One Year - \$60.00\_\_\_\_\_

Six months \$30.00\_\_\_\_\_

Out-of-City One Year \$80.00\_\_\_\_\_

Six Months \$40.00\_\_\_\_\_

Business Name: \_\_\_\_\_

Business Site Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Business E-mail \_\_\_\_\_ Owner's E-mail: \_\_\_\_\_

Oregon Construction Contractor Number: \_\_\_\_\_

Description of Business Activity \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State Registration number (if required for proposed activity): \_\_\_\_\_

Issuing Agency (ie; Builders Board): \_\_\_\_\_

Workman's Compensation Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

The city has the right to revoke this business license if all applicable insurances or state and federal licenses are not obtained.

Will business impact parking? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of off-street parking spaces: \_\_\_\_\_

**Home Occupation:** Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please answer the following three (3) questions.)

1. Has a conditional use permit been obtained for Home Occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you reviewed the Home Occupation ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Do you understand and agree to the terms that under the Home Occupation ordinance, your business license may be revoked if your business operation/activities generate complaints of the types outlined in the Home Occupation ordinance? Please Initial: Yes \_\_\_\_\_ No \_\_\_\_\_

**Business Type Codes:** Please check appropriate code.

- A. **Agriculture:** Agriculture production, forestry commercial fishing, hunting, trapping and related services.
- B. **Apartments:** Includes 4 or more dwelling units that are rented or leased.
- C. **Construction:** Construction (new work, additions, alterations, reconstruction, installations, and repairs). Three types of construction are covered: building construction, heavy construction, and construction by other special trade contractors.
- D. **Manufacturing:** In the mechanical or chemical transformation of materials into new products. Also included are firms engaged in assembling component parts of manufactured products.
- E. **Transportation:** Firms providing passenger and freight transportation communications services, or electricity, gas, steam, water or sanitary services, and all establishments of the United States Postal Service.
- F. **Wholesale:** Businesses engaged in selling merchandise to retailers, to industrial commercial, institutional, farm, construction contractors, or professional business users; or to wholesalers; or acting as agents or brokers.
- G. **Retail:** Selling merchandise for personal or household consumption and rendering services incidental to the sale of goods. Also check the following boxes if appropriate.
  - Restaurant/liquor served       Restaurant/liquor not served       Tavern
- H. **Financial/Real Estate:** Firms in finance, insurance and real estate. Finance includes depository institutions, non-depository credit institutions, holding companies, or other investment companies, brokers and dealers in securities and commodity contracts, security and commodity exchange. Insurance covers carriers of all types of insurance, and insurance agents and brokers. Real estate includes owners, lessors, buyers, sellers, agents, and developers of real estate. Check box if appropriate:
  - Realtors       Commercial Lessor
- I. **Service:** Providing services for individuals, business, and government, includes: Professional services; Personal services, Repair services; Business, educational and health services. Please check the appropriate box:
  - Consultant       Attorney/CPA       Child Care
  - Hotel/Motel       Barbers/Beauty Salon
- J. **Home Occupation:** (Also please check the CODE box that corresponds with your business type.)
- K. **Other:**       Non-Profit       Solicitation
- L. **Adult Foster Care/Nursing Home**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I also hereby agree to the terms and conditions of the business license application and the Ordinances of the City of Vernonia.

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**For Staff Use Only**

Is Business location zoned for described business use/activity? \_\_\_\_\_

Is occupancy lawful and approved by County Building Dept? \_\_\_\_\_

Identify any questions/concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify any necessary restrictions/requirements based on the information provided by the applicant:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Receipt given? Yes \_\_\_ No \_\_\_

Check #: \_\_\_\_\_ Visa: \_\_\_\_\_ Cash: \_\_\_\_\_

Approved by: \_\_\_\_\_

Staff Signature