

# City of Aurora, Regulatory Business License Application

Aurora Police Department  
 21420 Main Street P.O. Box 100  
 Aurora, Oregon 97002  
 Phone (503) 678-1284  
 Fax (503) 678-1282

LICENSE TYPES

Annual.....\$50.00  
 Seasonal...120 dys...\$30.00  
 Two Day.....\$20.00  
 One Day.....\$15.00

**FOR OFFICE USE ONLY**

Business License Number \_\_\_\_\_

Lic. Type/Fee Paid \_\_\_\_\_

Date Recv'd/Date Issued \_\_\_\_\_

Check applicable categories:	I understand that my license approval may require review for the following guidelines:
NEW BUSINESS _____	CONDITIONAL USE PERMIT: _____ Residential area _____
RENEWAL APPLIC. _____	HISTORIC DISTRICT: _____ Signage _____ Temporary Premise _____
BLDG/LAND OWNER _____	HOME BUSINESS: _____ Yes _____ No Advertisement: _____ Yes _____ Customers _____ #
SUB-LEASE _____	OR. STATE BUILDERS BOARD/CONTRACTOR'S LICENSE: _____
LOCAL DELIVERY PERMIT _____	OTHER STATE/COUNTY LICENSE/CERTIFICATION as required:

*Planning Commission Use Only*

\_\_\_\_ Not Applicable \_\_\_\_\_ Date Forwarded

\_\_\_\_ Sign Review

\_\_\_\_ Notice-Prop. Owners

\_\_\_\_ Public hearing required

\_\_\_\_ City Council/Attorney review/approval

*Historic Review Committee Use Only*

\_\_\_\_ Not Applicable \_\_\_\_\_ Date Forwarded

\_\_\_\_ Certif. of Appropriateness-Hist. Ovrly Dist.

\_\_\_\_ Sign Review

\_\_\_\_ Notice to Prop. Owners

\_\_\_\_ City Council/Attorney review/approval

PLEASE NOTE: Any document falsification or misrepresentation on this application shall be cause to reject or revoke this license. Any incomplete section will delay approval and application will be returned. **License fee is not refundable in the event of business termination, nor is license transferable, per Ordinance #355.** Annual license period is February 1, through January 31, of each calendar year and considered past due after March 2<sup>nd</sup> of every year. (See pro-rated schedule for mid year license application)

D/B/A – Business Name: \_\_\_\_\_ Physical Location \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone # \_\_\_\_\_

Description of Business, Trade or Profession: \_\_\_\_\_

Name: \_\_\_\_\_ Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Birth: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

*I hereby affirm the above information is true to the best of my knowledge*

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

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_