



City of Aurora Business License Application

21420 Main St. NE
Aurora, Oregon 97002
Phone 503.678.1283
Fax 503.678.2758
<http://www.ci.aurora.or.us>

LICENSE TYPES (Check One)

Annual
 Seasonal (120 days)
 Two Day
 One Day
 Marijuana

LICENSE NUMBER _____

\$ 50.00
\$ 30.00
\$ 20.00
\$ 15.00
\$ 2,500.00

FOR BUSINESSES WITHIN CITY LIMITS: HISTORIC OVERLAY: Yes No HOME BUSINESS: Yes No
NEW BUSINESS: Yes No NUMBER OF PARKING SPACES PROVIDED ON-SITE: _____ NEW SIGNAGE? (attach sample)
BLDG/LAND OWNER: Yes No DO YOU HAVE AN ALARM? Yes No NUMBER OF EMPLOYEES: _____

PLEASE NOTE: Any document falsification or misrepresentation on this application shall be cause to reject or revoke this license. Incomplete sections will delay approval and your application will be returned to you. License fee is **non-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. It will be considered past due after March 2nd of every year. In addition, all businesses are required to register their name with the State of Oregon.

MARIJUANA BUSINESS LICENSES: Valid for one year from the issue date and cannot be reviewed or approved until after all applicable zoning and CUP permits have been approved and applicable land use requirements are met. It is the owner's responsibility to ensure that the license is valid at all times and to apply for renewal allowing sufficient time prior to expiration to allow for review and renewal of any applicable land use or other applicable requirements.

Business Name _____
If sub-leasing; name of Primary Business _____

Physical Location _____
Business Mailing Address (if different than above) _____
City _____ State _____ Zip _____ Business Phone _____
Description of Business _____
CCB# _____

Owner/Manager Name/Emergency Contact(s) _____
Address (no P.O. Boxes) _____
City _____ State _____ Zip _____
Emergency Phone _____ E-Mail _____

I, the undersigned, do hereby certify that all statements made here are true with the understanding that omissions of fact or misstatements on my part shall be cause for forfeiture of eligibility for a permit.

Applicant Name _____ Applicant phone _____
Applicant Signature _____ Date _____

CITY HALL USE ONLY
ZONING: _____
HRB REVIEW REQUIRED: Yes No
Planning Review: Yes No
Approved by: _____ Date: _____
Administrative Review Required
 Sign Permit (AMC 16.44)
 Type I Home Occupation Permit (AMC 16.46)
Planning Commission Review Required
 Conditional Use Permit (AMC 16.60)
 Site Development Review (AMC 16.58)
 Type II Home Occupation Permit (AMC 16.46)
Approved by: _____ Date: _____

**HISTORIC REVIEW BOARD USE ONLY
HISTORIC OVERLAY DISTRICT**
Not Applicable: Date Forwarded: _____
 Exterior additions or changes?
 Sign Review (AMC 17.20)
 Appropriate materials given?
Approved by: _____ Date: _____

AURORA CITY HALL OFFICE USE ONLY
Receipt / Check No: _____
Fee Paid: _____
Date Issued : _____