



**APPLICATION FOR AN EXEMPT CITY BUSINESS LICENSE
OR
AMENDMENT TO EXISTING BUSINESS LICENSE**

Business Name		Business Telephone () -	
Street Address		Suite or Apartment Number	
City	State	Zip Code	
Mailing Address (if different)		Suite or Apartment Number	
City	State	Zip Code	
Owner Last Name, First, Middle Initial (if owned by a corporation provide name of corporation and contact person)			
Owner Address		Suite or Apartment Number	
City	State	Zip Code	
Owner Telephone Number () -			
Primary Emergency Contact Name		Telephone Number () -	
Secondary Emergency Contact Name		Telephone Number () -	
Briefly Describe The Type of Business To Be Conducted At This Location			
Days / Hours of Operation		Sq Ft of Business (or if hotel/motel # of rooms)	
Property Owner or Management Company Name		Telephone Number () -	
<p>The City requires a business license and fee, in accordance its revenue based program registry. Issuance of a business license does not exempt a business from compliance with other applicable federal, state and municipal laws, including the City's business recycling requirements. The undersigned declares, under penalty of law, that the information in this application is true. A copy of this application may be disclosed to requestors under the Public Records Law.</p>			

Signature

Title

Date

BUSINESS LICENSE FEE CALCULATION

Employee count \ Downtown License Fees:

Number of Working Owners, Full Time / FTE Employees = _____ (whole numbers only)
OR Number of Rental Units, Dwelling or Commercial (Applies to property mngmt comp)

Total License and Employee Fees

* Please note if the physical address of the business resides between 1st Ave and 4th Ave and Lincoln St and Baseline St your business is subject to an additional \$25.00 Downtown Business Fee, plus \$2.50 for each additional employee*

+

\$

Additional/Alternate Fees:

<input type="checkbox"/> Relocation, Commercial	\$80.00	\$ _____
<input type="checkbox"/> Relocation, Home Office	\$10.00	\$ _____
<input type="checkbox"/> Business Name Change	\$10.00	\$ _____
<input type="checkbox"/> Ownership Change	\$10.00	\$ _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Application Received Date: _____ Application Received By: _____

Applicant Record Posted By: _____ Date Routed: _____ License # Assigned: _____

Account ID # _____ Bill # _____

City Recorder Signature Authorization

X

PLEASE REMIT PAYMENT TO:

City of Hillsboro
150 E Main Street
Hillsboro, OR 97123