



**APPLICATION FOR 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 (    )    -	
The City requires a business license and fee in order to raise revenue. Issuance of a business license does not excuse a business from compliance with 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 comply of this application may be disclosed to requestors under the Public Records Law.			

Signature

Title

Date

**BUSINESS LICENSE FEE CALCULATION**

**Application Fees:**

New Business License Application Fee (non-refundable)	\$80.00	\$105.00
Base Business License Fee (includes first 2 employees or owners)	\$25.00 / yr	

**Additional Employee Fee - Calculation**

Each Additional Employee Cost @ \$5.00 Per Employee

Number of Working Owners, Full Time / FTE Employees = \_\_\_\_\_ (whole numbers only)

Subtract Employees Included In Base Fee       -2      

Total Additional Employee Fees X \$5.00 = \_\_\_\_\_ x \$5.00 (\$725.00 max)

**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: \_\_\_\_\_

Cash Receipt # \_\_\_\_\_ Cash 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