



# City of Aumsville

595 Main Street • Aumsville, OR 97325  
Phone: (503) 749-2030 • Fax: (503) 749-1852  
[www.aumsville.us](http://www.aumsville.us)

## BUSINESS LICENSE APPLICATION

Name of the Proposed Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mailing Address, if different: \_\_\_\_\_ Email address: \_\_\_\_\_

Description of the business requested: (trade, shop, business, profession) \_\_\_\_\_

Business gross floor area: \_\_\_\_\_ Will this business require a loading area? \_\_\_\_\_

Number of parking spaces existing: \_\_\_\_\_ Proposed new: \_\_\_\_\_ Number of business employees: \_\_\_\_\_

Will this business need any signs? \_\_\_\_\_ Sign Permit Application Filed? \_\_\_\_\_

Is State Registration, bonding or insurance required: \_\_\_\_\_

If so, indicate registration, bond or insurance carrier and number(s) and expiration date: \_\_\_\_\_

Do you want your business name published in the City of Aumsville Business Directory? \_\_\_\_\_

***I hereby agree to abide by all Federal, State and Local laws and ordinances in the operation of my business.***

Printed Property Owner's Name: \_\_\_\_\_

ODL#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

(street)

(mailing)

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Applicant's Name & Title: \_\_\_\_\_

ODL# \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_

(street)

(mailing)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Denied: \_\_\_\_\_

\_\_\_\_\_  
*City Administrator's Signature*

Outright Permitted Use? \_\_\_\_\_

Site-Development Review Approved? \_\_\_\_\_

\_\_\_\_\_  
Date

Business Directory: \_\_\_\_\_

Web Directory: \_\_\_\_\_