



# 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

**\*\*BE ADVISED THAT THIS IS A PUBLIC RECORD THAT IS SUBJECT TO DISCLOSURE\*\***

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

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

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

Detailed description of the business: \_\_\_\_\_  
\_\_\_\_\_

Hours of Operation: \_\_\_\_\_

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: \_\_\_\_\_

**\*\*NOTE\*\*** A Site Plan must be submitted at the time of application.

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: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*(street)*

*(mailing)*

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

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

*(street)*

*(mailing)*

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

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

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

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

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

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

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