



APPLICATION FOR CITY BUSINESS LICENSE

Temporary - 30 or 60 Consecutive Calendar Days

1924 COUNCIL ST * PO BOX 326 * FOREST GROVE, OR 97116-0326

PH (503) 992-3200 * FAX (503) 992-3199

BL@FORESTGROVE-OR.GOV * WWW.FORESTGROVE-OR.GOV

Business Information	Business Owner and Contact Information
Business Name	Owner Name
DBA Name (if different)	Owner Address
Business Site Address	City, State, Zip
City, State, Zip	Owner Phone
Business Phone	Business Contact Name
Business Email	Business Phone and Contact Relation to Business
Business Mailing Address (if different)	Business Contact Name
City, State, Zip	Business Phone and Contact Relation to Business

If not owner of property (Forest Grove locations only), Property Owner or Management Company and Phone

Brief Business Description (REQUIRED)/What specific activity are you conducting?

Type of Ownership

Corporation LLC LLP Sole Proprietor Partnership Non-Profit

Business located within City limits? Home based business? Mobile business?

Yes No Yes No Yes No

Business located within a shopping center?

19th Ave Plaza Ballard Towne Square FG Shopping Center Stonewood Center N/A

Business Category (select only one)

<input type="checkbox"/> ACFO Accommodation/Food/Beverage	<input type="checkbox"/> FOOD Food Truck/Mobile Business - Prop Owner letter
<input type="checkbox"/> ARTS Arts/Entertainment/Recreation	<input type="checkbox"/> RET Retail - Used Goods requires Dealers Permit
<input type="checkbox"/> CARE Adult/Child Care - State license & Floor plan	<input type="checkbox"/> COM Commercial Services
<input type="checkbox"/> ED Educational Services	<input type="checkbox"/> MFG Manufacturing
<input type="checkbox"/> HCSS Health Care/Social Services	<input type="checkbox"/> TRAN Transport/Warehouse
<input type="checkbox"/> PRO Professional Services	<input type="checkbox"/> WEB Web Based
<input type="checkbox"/> SEC Security Services	<input type="checkbox"/> WHO Wholesale/Trade
<input type="checkbox"/> REAL Real Estate Services/Landlords/Property Mgmt	<input type="checkbox"/> AGFO Agriculture/Forestry/Mining
<input type="checkbox"/> CONT Contractors - without Metro license	<input type="checkbox"/> METR Metro Contractor - requires active Metro license #

If contractor, CCB # and Expiration	If contractor, Metro # and Expiration (if applicable)
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Contractors - if you have an active Metro license and include the number and expiration date above, no fee is required to accompany this application. You may email both pages of the application to the Business License office at BL@forestgrove-or.gov.

Business License Fee Calculation

Application Fee - includes a new application fee (A) + the business license fee (B)

A. New Business License Application Fee	\$ 35.00	\$ 35.00
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B. Business License Fee

Up to 30 consecutive calendar days	\$ 20.50	
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Up to 60 consecutive calendar days	\$ 41.25	
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\$ _____

C. Total Amount Due with Application

\$ _____

Payment must be included with application in the form of cash, check, or money order made payable to the City of Forest Grove.

* Issuance of a business license does not excuse a business from compliance with applicable federal, state, and municipal laws, including regulations of the City. 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 Oregon's Public Records Law.

Signature of Authorized Agent	Printed Name and Title	Date
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Office Use Only

Date received	Received by	Amount Paid
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