



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) 992-3348 * 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 <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/>			
Business located within City limits? Home based business? Mobile business? Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business located within a shopping center? 19th Ave Plaza <input type="checkbox"/> Ballard Towne Square <input type="checkbox"/> FG Shopping Center <input type="checkbox"/> Stonewood Center <input type="checkbox"/> N/A <input type="checkbox"/>			
Business Category (select only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> ACFO Accommodation/Food/Beverage <input type="checkbox"/> ARTS Arts/Entertainment/Recreation <input type="checkbox"/> CARE Adult/Child Care - State license & Floor plan <input type="checkbox"/> ED Educational Services <input type="checkbox"/> HCSS Health Care/Social Services <input type="checkbox"/> PRO Professional Services <input type="checkbox"/> SEC Security Services <input type="checkbox"/> REAL Real Estate Services/Landlords/Property Mgmt <input type="checkbox"/> CONT Contractors - without Metro license </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> FOOD Food Truck/Mobile Business - Prop Owner letter <input type="checkbox"/> RET Retail - Used Goods requires Dealers Permit <input type="checkbox"/> COM Commercial Services <input type="checkbox"/> MFG Manufacturing <input type="checkbox"/> TRAN Transport/Warehouse <input type="checkbox"/> WEB Web Based <input type="checkbox"/> WHO Wholesale/Trade <input type="checkbox"/> AGFO Agriculture/Forestry/Mining <input type="checkbox"/> METR Metro Contractor - requires active Metro license # </td> </tr> </table>		<input type="checkbox"/> ACFO Accommodation/Food/Beverage <input type="checkbox"/> ARTS Arts/Entertainment/Recreation <input type="checkbox"/> CARE Adult/Child Care - State license & Floor plan <input type="checkbox"/> ED Educational Services <input type="checkbox"/> HCSS Health Care/Social Services <input type="checkbox"/> PRO Professional Services <input type="checkbox"/> SEC Security Services <input type="checkbox"/> REAL Real Estate Services/Landlords/Property Mgmt <input type="checkbox"/> CONT Contractors - without Metro license	<input type="checkbox"/> FOOD Food Truck/Mobile Business - Prop Owner letter <input type="checkbox"/> RET Retail - Used Goods requires Dealers Permit <input type="checkbox"/> COM Commercial Services <input type="checkbox"/> MFG Manufacturing <input type="checkbox"/> TRAN Transport/Warehouse <input type="checkbox"/> WEB Web Based <input type="checkbox"/> WHO Wholesale/Trade <input type="checkbox"/> AGFO Agriculture/Forestry/Mining <input type="checkbox"/> METR Metro Contractor - requires active Metro license #
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If contractor, CCB # and Expiration	If contractor, Metro # and Expiration (if applicable)		
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	\$ 29.40	\$ 29.40
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B. Business License Fee

Up to 30 consecutive calendar days	\$ 17.50	
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Up to 60 consecutive calendar days	\$ 35.00	
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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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