

**PLEASE COMPLETE AND
SUBMIT WITH PAYMENT**

City of Rainier
P.O. Box 100
Rainier, OR 97048
Business License Application
Excludes Marijuana Facility Business
Calendar Year: _____

Business Name: _____

Business Location Address: _____

Business Mailing Address: _____
Street City State Zip Code

Business Phone: _____

Owner(s) Name: _____

Mailing Address: _____
Street City State Zip Code

Owner(s) Home Phone: _____

Emergency Name and Phone Number: _____

Description of Business: _____

Type of Business:
Home Occupation ____ Sole Proprietor ____ Partnership ____ Corporation ____ Non Profit ____ (no fee)

Oregon Contractor's Board Registration #: (Required)

Annual Fee	
January 1st through December 31st	
<u>In City Limits Location</u>	
Each Location \$45.00	\$ _____
Excluding Owner, Number of Employees _____ x \$6.00	\$ _____
<u>Out of City Limits Location</u>	
\$100.00 (Number of Employees Not Applicable)	\$ _____
<u>Temporary</u>	
\$15.00 (Valid for 7 consecutive days)	\$ _____
<u>Transient Merchants</u>	
\$15.00 (not to exceed 90 days per calendar year and not exceed 5 days per week)	\$ _____
<u>Non Profit</u>	
\$ 00.00 – no fee	\$ _____
<u>Penalty</u>	
\$15.00 (Renewals received after January 31)	\$ _____
Total Amount Submitted with Application	\$ _____

Notice:
Acceptance of business license application does not certify that applicant has complied with all City Code provisions.

Signature of Applicant _____
Date _____

City Use Only
Date Received _____ Receipt #: _____