

# City of Aurora Business License Application

21420 Main St. NE  
 Aurora, Oregon 97002  
 Phone 503.678.1283  
 Fax 503.678.2758  
<http://www.ci.aurora.or.us/>

LICENSE TYPES (Check One)  
 New License.....\$100.00  
 Annual Renewal.....\$50.00  
 Seasonal... (120 days) \$30.00  
 Two Day..... \$20.00  
 One Day..... \$15.00

FOR AURORA CITY HALL OFFICE USE ONLY	
Receipt No. _____	
Fee Paid _____	
Date Issued _____	

LICENSE NUMBER \_\_\_\_\_

Check applicable categories:	NUMBER OF PARKING SPACES PROVIDED ON-SITE: _____
NEW BUSINESS? _____	SIGNAGE? _____ (attach sample)      NUMBER OF EMPLOYEES? _____
BLDG/LAND OWNER? _____	HOME BUSINESS: _____ Yes _____ No      DO YOU HAVE AN ALARM? _____

PLEASE NOTE: Any document falsification or misrepresentation on this application shall be cause to reject or revoke this license. Incomplete sections will delay the approval and your application returned to you. License fee is **non-refundable** in the event of business termination, nor is license transferable, per Ordinance #355. Annual license period is February 1 through January 31 of each calendar year. It will be considered past due after March 2<sup>nd</sup> of every year. In addition, all businesses are required to register their name with the State of Oregon <http://www.sos.state.or.us/corporation/forms/business.htm>.

**Business Name** \_\_\_\_\_

If sub-leasing; name of Primary Business \_\_\_\_\_

**Physical Location** \_\_\_\_\_

Business Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone \_\_\_\_\_

Description of Business \_\_\_\_\_

**Owner/Manager Name/Emergency Contact(s)** \_\_\_\_\_

Address (no P.O. Boxes) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

*I, the undersigned, do hereby certify that all statements made here are true with the understanding that omissions of fact or misstatements on my part shall be cause for forfeiture of eligibility for a permit.*

Applicant Name \_\_\_\_\_ Applicant phone \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>City Use Only</b>	
ZONING: _____	
HRB REVIEW REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Planning Review	<input type="checkbox"/> Yes <input type="checkbox"/> No
Approved by: _____	Date: _____
<b>Administrative Review Required</b>	
<input type="checkbox"/> _____	Sign Permit (AMC 16.44)
<input type="checkbox"/> _____	Type I Home Occupation Permit (AMC 16.46)
<b>Planning Commission Review Required</b>	
<input type="checkbox"/> _____	Conditional Use Permit (AMC 16.60)
<input type="checkbox"/> _____	Site Development Review (AMC 16.58)
<input type="checkbox"/> _____	Type II Home Occupation Permit (AMC 16.46)
Approved by: _____	Date: _____

<b>Historic Review Board Use Only for Historic District Overlay</b>	
<input type="checkbox"/> Not Applicable	_____ Date Forwarded
<input type="checkbox"/> _____	Certificate of Appropriateness (AMC 17.16)
<input type="checkbox"/> _____	Sign Review (AMC 17.20)
Approved by: _____	Date: _____