City of Myrtle Creek

207 NW Pleasant, P.O. Box 940, Myrtle Creek, OR 97457
Phone 541-863-3171, Fax 541-863-6851

Application for City Business License

CCB #: _____ Drivers License #: _____ Application Date: _____, 20___

Name of Business: _____
Business Location: _____ City: _____ Zip: _____
Name of Applicant: _____ Date of Birth: ☐ Owner ☐ Manager
First Middle Last
Business Phone: _____ Emergency Phone: _____
Business email: _____
Name of Business Owner (if different from applicant): _____
Mailing Address: _____
Name of Property Owner (if different from applicant): _____
Type of Business: _____
Please give an exact description of the business activity to be conducted in the City. _____
_____
_____

If Applicant's Business Office is located inside the City please complete:
Approximate square footage of building devoted to this business: _____
Number of parking spaces on the property for this business: _____
Briefly describe any planned enlargement or structural alteration of the building: _____
_____
Will you be erecting a new sign, or replacing or altering an existing sign on the building or property? ☐ No ☐ Yes

ALL APPLICANTS PLEASE READ THE FOLLOWING STATEMENTS

The applicant hereby gives written consent to the City to make a criminal offender record check through the Myrtle Creek Police Department; or the Oregon State Police; or other Law Enforcement Agency. The applicant is hereby provided notice that a criminal offender record check may be made through the Myrtle Creek Police Department. An applicant may challenge information received from a criminal offender record check by using procedures adopted under ORS 181.555 (3). The applicant is hereby given notice, an individual should seek information concerning rights, if any, under Title VII of the Civil Rights Act of 1964.

Business licenses are issued subject in part to the information provided by applicants. Any changes in the information provided may invalidate the business license. The general business license is non transferable to a new owner, new type of business activity or location. If any changes are made after completing said business license application (i.e.: change of business name, location, business activity, partner or corporate officer change, etc.) the City must be notified immediately and a new business license application completed.

I hereby certify and declare under penalty of perjury under Oregon law that the statements furnished by me on this application are true and complete to the best of my knowledge. I understand that the issuance of this license is conditioned upon compliance at all times with all applicable ordinances, regulations, statutes and laws of the City of Myrtle Creek, County, State and Federal government. Failure to do so may invalidate your right to do business in the City and in addition, may subject you to penalties and legal sanctions.

_____ _____
Signature of Applicant Signature of Business Owner (if different)

TO BE COMPLETED BY CITY STAFF

Filing Date: _____ License Fee: $ _____
Zoning: _____ Home Occupation/CUP? ☐ No ☐ Yes Change in Occupancy? ☐ No ☐ Yes
Sign Permit Required? ☐ No ☐ Yes Other permits required? _____

	Date	**Circle One Below**
Reviewed by City Police Department:	_____	**Approved/Denied** Signed: _____
Reviewed by Fire Inspector:	_____	**Approved/Denied** Signed: _____
Reviewed by Planning:	_____	**Approved/Denied** Signed: _____

Signed: _____ Date: _____
City Recorder