



Business License Number: _____

Date of Approval: _____

BUSINESS LICENSE APPLICATION
 PO Box 2460, 16345 Sixth Street, La Pine, Oregon 97739
 Telephone 541-536-1432; Facsimile 541-536-1462

Check One: YEAR-ROUND TEMPORARY (Less than 30 Days) LOCATION CHANGE

BUSINESS INFORMATION

Business Name (including DBA):	Business Telephone No.:
Business Owner(s):	Date Business Operations will Commence from Location: _____
E-mail Address:	Oregon Business Registry Number:
Business Location Address:	
Business Mailing Address and/or Principal Office Address (if different from business location address):	
Name, Title, and Address of Local Agent or Representative in Charge of Business within the City of La Pine:	
Property Owner Name and Address:	

ADDITIONAL INFORMATION

Please Provide a Brief Description of the Business, Including its Primary or Predominant Activity:

Number of Employees: Full-Time: _____ Part-Time: _____ Temporary: _____ Is this a tax-exempt, non-profit business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, tax exempt status approval No.: _____ (Please attach to this application a copy of the "Letter of Determination" the business received from the Internal Revenue Service)	Are any local, city, county, state, and/or federal licenses, certificates, registrations, and/or permits required for the business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all such licenses, certificates, registrations, and/or permits:
Contractor License No.: _____ Contractor License Expiration Date: _____	Is this business being conducted within City Limits? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this the commencement of a use or a change of use? (Only applicable for businesses taking place at one specific location) Yes <input type="checkbox"/> No <input type="checkbox"/>

BUSINESS LICENSE FEES

Please mark the applicable fee:

License Fee:	<input type="checkbox"/>	\$45.00
Temporary:	<input type="checkbox"/>	\$25.00
Non-Profit Business:	<input type="checkbox"/>	\$0.00
Change Fee:	<input type="checkbox"/>	\$15.00

APPLICANT DECLARATION

The undersigned Applicant (or authorized agent) hereby declares under penalty of perjury as follows: (a) all information contained in this application is true, accurate, and complete; (b) the business subject to this application is not prohibited by, and is in compliance with, all applicable federal, state, and/or local laws, regulations, and/or ordinances; (c) Applicant has read, understands, and agrees to abide by City of La Pine Ordinance No. 2014-02; and (d) if Applicant is an entity, the authorized agent has the requisite power and authority to sign and submit this application on behalf of Applicant.

If Applicant is a foreign person or entity, or a non-resident of the State of Oregon, and no permanent business location is proposed to be created in the City of La Pine, Applicant must (a) appoint a local person acceptable to the City Manager to serve as an agent for accepting service of process, notice, and/or demand, and (b) submit with this application such local person's consent to acceptance of service of process, notice, and/or demand.

Applicant's Signature: _____	Date of Application: _____
Authorized Agent's Signature (if Applicant is an entity): _____	Property Owner's Signature (or the authorized agent of the property owner): _____
By/Its: _____	By/Its: _____
Authorized Agent/Local Person's Signature (if applicable): _____ By signing above, the above signed person agrees to serve as agent for the Applicant/business subject to this application and will accept service of process, notice, and/or demand on behalf of the Applicant/business subject to this application.	Name and Address of Authorized Agent/Local Person (if applicable): _____

FOR OFFICE USE ONLY

Date Received: _____	Amount of Fee Paid: _____
Receipt No.: _____	Business License No.: _____

This application has been submitted to the City of La Pine. Please review the applicant's data specific to your department and provide comment as appropriate. Please sign below, indicate approval or state why you disapprove, and provide any additional comments. If you require additional space for your comments, please attach your comments by separate page to this application.

Deschutes County Health Department	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
La Pine Community Development Department	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Is Site Plan required? Yes <input type="checkbox"/> No <input type="checkbox"/> ; Is location appropriately zoned for this business use? Yes <input type="checkbox"/> No <input type="checkbox"/> ; Has Site Plan been submitted and approved? Yes <input type="checkbox"/> No <input type="checkbox"/> ; Is conditional use permit required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Comments:			
Deschutes County Sheriff's Department	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
La Pine Fire District	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
La Pine Public Works	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			
La Pine City Manager Approval	Signature:	Date:	Approve: Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:			