



Business License Number: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**  
16345 6<sup>th</sup> Street PO Box 2460, La Pine, Oregon 97739  
Telephone 541-536-1432; Facsimile 541-536-1462

Check One:    YEAR-ROUND                       TEMPORARY                       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: _____	

**BUSINESS LICENSE FEES**

Please mark the applicable fee:

License Fee:                          \$45.00\*

Temporary:                          \$25.00

Non-Profit Business:            \$0.00

Change Fee:                        \$15.00

\* The license fee for any business license application received after December 31 will be reduced by fifty percent (50%).

*This application is a public record. The City of La Pine will exempt from disclosure only information of a sensitive and confidential nature to the extent required under the Oregon Public Records Law (ORS 192.410-192.505, as amended) and other applicable laws.*

**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.

<b>Applicant's Signature:</b>	<b>Date of Application:</b>
<b>Authorized Agent's Signature (if Applicant is an entity):</b> _____ By/Its: _____	<b>Property Owner's Signature (or the authorized agent of the property owner):</b> _____ By/Its: _____
<b>Authorized Agent/Local Person's Signature (if applicable):</b> _____ 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.	<b>Name and Address of Authorized Agent/Local Person (if applicable):</b>

**FOR OFFICE USE ONLY**

<b>Date Received:</b> _____	<b>Amount of Fee Paid:</b> _____
<b>Receipt No.:</b> _____	<b>Business License No.:</b> _____

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.

<b>Deschutes County Health Department</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>			
<b>La Pine Community Development Department</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>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"/></b>			
<b>Comments:</b>			
<b>Deschutes County Sheriff's Department</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>			
<b>La Pine Fire District</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>			
<b>La Pine Public Works</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>			
<b>La Pine City Manager Approval</b>	<b>Signature:</b>	<b>Date:</b>	<b>Approve: Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Comments:</b>			