

City of Talent

2017 Business License Application

110 E. Main St/PO Box 445 Talent, OR 97540
 Main (541)535-1566 Fax (541)535-7423 Email: talent@cityoftalent.org
 PLEASE PRINT OR TYPE

Name of Business Or Corporation: _____

Mailing Address:

Location Address:

Owner(s): (if more than 2 attach a separate page)

1: _____ 2: _____
 Full name Contact# Full Name Contact#

Email:		State License:	
Type of Business:			
Business Phone:			

Existing Talent Business New Business Home Occupation Industrial

FEE SCHEDULE	2017
Initial fee: License period \$60.00 (Jan.-Dec.) \$30.00 (Jul.-Dec.)	\$ 60.00
# of employees working within the City limits over 2, (_____ x \$5.00)	
Late Fee (Renewals only): \$10.00 per month for payments made after Feb. 1 st	
Total Enclosed	

Please initial and sign below. Applications without both initials and signature will delay the process.

_____(Initials) I understand that approval of a business license application shall not be construed to constitute a permit to engage in any activity prohibited by a law or a waiver of any other regulatory license requirement imposed by federal, state, or local law. A business license does not imply or indicate the City's endorsement of any business or business activity. An approved business license is required before conducting business within the City.

_____(Initials) I understand that a business establishing a new location within the City or changing the use for a location within the City, pursuant to zoning code Section 8-3J.150, requires the City to perform a use classification to verify that the proposed use is an allowed use at the proposed location. The Community Development Department will provide the applicant the results of the use classification.

Issuance of this business license does not substitute any other applicable federal, state or local laws, ordinances or regulations.

Applicant's signature: 1: _____ 2: _____

***** **OFFICE USE** *****

Land Use Review: Complete ___ N/A ___ Comm. Dev. Review: _____ Date: _____ City Mgr. Review: _____ Date: _____
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YEAR	DATE	RECEIPT NO.	AMOUNT PAID	LICENSE # ISSUED
2017				

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish, please contact TTY phone number 1-800-735-3896

The City of Talent is an Equal Opportunity Provider