

# CITY OF DONALD

10710 Main Street N.E. • P.O. Box 388 • Donald, OR 97020-0388

Phone 503-678-5543 • Fax 503-678-2750

[www.donaldoregon.gov](http://www.donaldoregon.gov)

## New Business License Application

New Business License Fee: \$100.00

*May be subject to possible Planning Fee*

### CONTACT INFORMATION

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Street Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_

Business Email Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Owner's Phone \_\_\_\_\_

Owner's Mailing Address \_\_\_\_\_

Owner's Email Address \_\_\_\_\_

Emergency Name and Phone Number \_\_\_\_\_

### ABOUT THE BUSINESS

Does your business comply with all Federal, State and County Laws and Regulations? Yes / No

If a County license is required, please provide the following:

License Type: \_\_\_\_\_ License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Type of Business \_\_\_\_\_

Please describe your business \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own or lease the property? If lease, property owner's name: \_\_\_\_\_

Will you be storing hazardous materials or producing industrial waste on the property? Yes / No

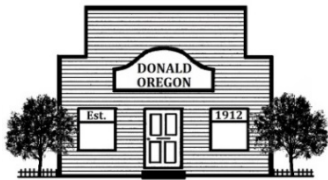
If so, please provide more information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Date



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## Business Information on Donald's Website

Please indicate the information you would like included on the City of Donald website:

\_\_\_\_ Business Name

\_\_\_\_ Business Phone

\_\_\_\_ Business Address

\_\_\_\_ Business Mailing Address

\_\_\_\_ Contact Person

\_\_\_\_ Business Type

\_\_\_\_ Business Email

\_\_\_\_ I do not want any information on the website

\_\_\_\_\_  
Owner/Manager's Signature

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Property Zoning/Tax Lot No: \_\_\_\_\_ Business License No. \_\_\_\_\_

Date Staff Provided Zoning Packet: \_\_\_\_\_ Is a Sign Permit Needed? Yes/No

Date Applicant Signed Muni. Code 110: \_\_\_\_\_ Date Signed Noise Ordinance: \_\_\_\_\_

Date Fees Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Date Reviewed by City Manager: \_\_\_\_\_ Date Reviewed by City Planner: \_\_\_\_\_

Date Reviewed by City Council: \_\_\_\_\_ Application Approved: Yes/No

Date Approval Completed: \_\_\_\_\_ Comments: \_\_\_\_\_

\_\_\_\_\_