



CITY OF VERNONIA

1001 BRIDGE STREET, VERNONIA OR 97064
PHONE (503) 429-5291 • FAX (503) 429-4232
TTY 1-800-735-2900

APPLICATION FOR CITY BUSINESS LICENSE

Business Name: _____

Business Site Address: _____

Business Mailing Address: _____

Owner Name: _____

Owner Address: _____

Business Phone: _____ Owner's Phone: _____

E-mail _____

Brief Description of Business: _____

State Registration Number (if required for proposed activity): _____

Issuing Agency (i.e. Builders Board): _____

Workman's Compensation Carrier: _____

Policy #: _____

Federal Tax ID Number: _____ Number of Employees: _____

(or SS# required if no Tax ID Number)

The City has the right to revoke this business license if all applicable insurances or state and federal licenses are not obtained.

Was there a prior business at this location? Yes ___ No ___ If yes, how long ago? _____

What is the current building occupancy allowed by the County? _____

Will business impact parking? Yes ___ No ___ If yes, give details: _____

Number of off-street parking spaces: _____

Tax Lot Number and Zone of Business Location: _____

Home Occupation: Yes ___ No ___ (if yes, please answer the following three questions)

Has a conditional use permit been obtained for Home Occupation? Yes ___ No ___

Have you reviewed the Home Occupation ordinance? Yes ___ No ___

Do you understand and agree to the terms that under the Home Occupation ordinance, your business license may be revoked if your business operation/activities generate complaints of the types outlined in the Home Occupation ordinance? Please Initial: Yes ___ No ___

