

# Application for full year business license FY 15/16



City of Jacksonville, 541.899.1231  
www.jacksonvilleor.us  
110 E Main St PO Box 7  
Jacksonville OR 97530  
Fax 541.899.7882

Full year (July 1—June 30) \$80.00  
(up to 3 employees/owners \$4 per employee/owner additional after 3)

Day ~ \$10.00 per day (up to four days maximum per fiscal year)

Debit and credit cards now accepted.  
There is a small end-user fee charged to the card holder.

Date(s) of day license \_\_\_\_\_ Site location (required for day license) \_\_\_\_\_

**PLEASE PRINT** - Non-profit as defined by code? Yes / No (Info verified by Staff on Secretary of State Website)

Assumed Business Name \_\_\_\_\_ First-time application or renewal  
(circle one)

Street Address of your business location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Owner Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Mailing address *if different* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature of Business owner or Representative \_\_\_\_\_

(Signature is required and signifies that information is true and correct)

Landscape/  
Contractors CCB# \_\_\_\_\_ Plumbers PB # \_\_\_\_\_ Certified Arborist? yes / no State License # \_\_\_\_\_

*New business or change of location within the City of Jacksonville may require Planning approval or City Council approval. Items in grey boxes require additional approval.*

Number of employees greater than the 3 included in fee (a) # \_\_\_\_\_ ↓

Line (a) x \$4 = \$ \_\_\_\_\_

Full - year fee (July 1 – June 30) @ \$ 80 = \$ 80.00

Or

Day fee (number of days up to 4) \_\_\_\_\_ x \$ 10 = \$ \_\_\_\_\_

Business license fee total = \$ \_\_\_\_\_

Parking District Fees as calculated by staff = \$ \_\_\_\_\_

Grand total = \$ \_\_\_\_\_

**New Businesses or change of location:**  
**Does this business occupy a commercial space in Jacksonville Yes / No**

(staff - ATTACH ROUTING SHEET FOR PLANNING APPROVAL IF YES)

**APPLICANT MUST FILL OUT THIS SECTION AND PROVIDE**

**A SITE PLAN: Approximate sq ft \_\_\_\_\_**

**If food/bar number of seats:**

indoor \_\_\_\_\_ outdoor \_\_\_\_\_ total \_\_\_\_\_

**Does the business require an OLCC license ? Yes / No**  
**A CERTIFICATE OF LIABILITY IS REQUIRED WITH PROOF OF LIQUOR COVERAGE. See the Recorder if questions**  
(staff - ATTACH ROUTING SHEET IF YES-needs City Council Approval)

**Home Occupation is a business operated out of your home within the city limits of Jacksonville. This could be, but is not limited to, using it as your office address, receiving shipments for your business, telecommuting for employment, providing professional services such as consulting, having an artist studio.**

**If yes, you must apply and be approved for a Home Occupation permit through the Planning Department prior to issuing your license.**

**Is this a Home Occupation within Jacksonville city limits? Yes / No**

(staff- ATTACH ROUTING SHEET FOR PLANNING APPROVAL IF YES)

PAID STAMP:

**For office use only** (revised 6/8/13)

**STAFF: The Recorder's office cannot process new applications without planning approval and sign-off of the routing slip.**

Receipt # \_\_\_\_\_ License number issued \_\_\_\_\_ Date license mailed to applicant \_\_\_\_\_ Initials \_\_\_\_\_