

# CITY OF SUBLIMITY BUSINESS LICENSE APPLICATION

(Please type or print clearly in dark ink)

- New Application
  Update Application/Address or Owner Change

**Section A – Business Information –** *Please complete all information*

|   |   |
|---|---|
| Business Name   | Business Phone  |
| Business Location   | Business E-mail   |
| Mailing Address   | Mailing City, State, Zip  |
| Is this a Non-Profit Organization established for educational, religious or charitable purpose? (Circle One)<br><br><div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div> | Is there liquor served on the premise? (Circle One)<br><br><div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>        |
| Are there hazardous materials on the premise? (Circle One)<br><br><div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>   | Are there flammable materials on the premise? (Circle one)<br><br><div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div> |
| Are there gambling activities? (Circle One)<br><br><div style="display: flex; justify-content: space-around;"> <span>YES</span> <span>NO</span> </div>  | Number of Employees   |

**Sections B – Description of Business –** *describe in detail your business activities, products or services.*

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**Please check the appropriate box that applies to your business.**

- |   |  |
|---|--|
| <input type="checkbox"/> Manufacturing/Assembly/Warehousing/Storage Yards<br><input type="checkbox"/> Apartment/Single family rental<br><input type="checkbox"/> Institutional-school, hospitals, governments, churches<br><input type="checkbox"/> Retail/personal services<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> Automotive/vehicle/sales/repair machine shops<br><input type="checkbox"/> Food/beverage/entertainment/recreational<br><input type="checkbox"/> Office, including medical<br><input type="checkbox"/> Home occupations |
|---|--|

**Proposed Hours of Operation:** \_\_\_\_\_

**Section C – Business Ownership –** *Attach additional pages if necessary*

- Sole Proprietor  
  Partnership  
  Corporation  
  Limited Liability  
  Non-profit  
  Other \_\_\_\_\_

|                              |                     |
|------------------------------|---------------------|
| Company Name (as registered) | Date Business Began |
| Owner Name                   | Phone Number        |
| Owner Address                | City, State, Zip    |

## Section D – Security/Safety

|  |                                    |
|--|------------------------------------|
| Does the building/premise have a security/fire alarm system? (Circle one) YES NO | If yes, monitored by:              |
| If yes, monitoring company's phone number:                                       |                                    |
| Name of After Hours Emergency Notification Contact                               | Emergency Contact Telephone Number |
| Name of After Hours Emergency Notification Contact                               | Emergency Contact Telephone Number |

## Section F – SIGNATURES

I (We) hereby attest that I (we) have not been convicted of a crime which relates directly to the business for which this license is sought, suffered a civil judgment based upon fraud, misrepresentation, violation of the Oregon Unlawful Trade Practices Act or similar state or federal statutes or any other judgment or any other judgment or cease and desist or consent decree relating to business activities.

I (We) the undersigned, declare under the penalties of perjury and the denial of a license or revocation of any license granted that I (We) am (are) the applicant(s) or authorized representative(s) of the firm making this application and that the answers contained, including any accompanying information have been examined by me (us) and that the information set forth is true, correct and complete. I (we) also understand the I(we) am (are) responsible for notifying the City Recorder, in writing of any change in location or mailing address within thirty days. All licenses are non transferable. I understand my place of business must comply with all federal, state and local codes and ordinances.

X

| Signature of Applicant | Printed Name | Title | Date |
|------------------------|--------------|-------|------|
|------------------------|--------------|-------|------|

X

| Signature of Applicant | Printed Name | Title | Date |
|------------------------|--------------|-------|------|
|------------------------|--------------|-------|------|

**FOR OFFICE USE ONLY**

Amt Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Receipt#: \_\_\_\_\_ Permit # \_\_\_\_\_