

Date _____
Original _____
Renewal _____
License No. _____

CITY OF KING CITY
BUSINESS LICENSE APPLICATION
(PERMITTED USES ONLY: SEE SECTION 17.12.110 OF MUNICIPAL CODE)

Business Name _____ Phone _____

Business Address _____
Type of Business _____ Bank/S&L _____ Dental/Medical _____ Distributor
_____ Retail _____ Restaurant _____ Sales office
_____ Other (explain) _____

Please describe what is to be sold or what services are offered: _____

Names of Applicant _____ Phone _____

Owner _____ Agent _____ Driver's License # _____ State _____

Property/Bldg. Owner's Name _____ Phone _____

Property/Bldg Owner's Address _____

Emergency Contact Names: Telephone:
1. _____
2. _____

Contractors please list State of Oregon license number, if applicable (Construction Contractor's Board, Plumbing Board, Electrical Board, etc.) Indicate type of license (s) Number (s), and expiration date (s).

I hereby certify that the information contained herein is true to the best of my knowledge.
I hereby agree to abide by the ordinances of the City and to correct any hazards or violations.

Print Applicant's Name and Title _____
Applicant's Signature _____ Date _____

FEE SCHEDULE:

1.	Tax due for first year	\$175.00
2.	Renewal after first year	\$ 85.00
3.	3 months of any year	\$ 65.00
4.	Temporary (up to 30 days)	\$ 45.00

Note: This is non-refundable. Fiscal year runs from July 1 to June 30 of the following year

PENALTIES:

A violation of the City of King City Business Tax ordinance constitutes a Class II Civil Infraction. A fine in the amount of \$100.00 shall be charged for each infraction.

Each violation of a separate provision shall constitute a separate infraction, and each day that a violation of this chapter is committed or permitted to continue shall constitute a separate infraction.

NOTE: A business tax certificate does not imply City approval or endorsement to operate the business or the location of the business.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Application received by _____, Date: _____
Fee Paid _____ Approved _____ Police _____