



HOME OCCUPATION BUSINESS LICENSE APPLICATION

Please remit to:
CITY OF TROUTDALE
104 SE Kibling Avenue, Troutdale, OR 97060 - (503) 665-5175
www.troutdaleoregon.gov

PLEASE PRINT CLEARLY

OFFICE USE ONLY:
BUSINESS LICENSE NUMBER:
2012 - _____

Business Name: _____ Business Phone (1): _____

DBA: (if applies) _____ Business Phone (2): _____

Business Description: _____ Fax #: _____

Business Address: (no P.O. boxes) _____ E-mail Address: _____

City: _____ State: _____ Zip: _____ Check One:

Mailing Address: (if different) _____ Corporation LLC S. Corp

City: _____ State: _____ Zip: _____ LLP SOLE PROPRIETOR

All businesses: Check One: OWNER or LOCAL MANAGER

Name _____ Phone _____

Address _____ City, State, Zip _____

Birth Date _____ Drivers License # _____ State _____

Required for all corporations & partnerships: Check One: PARTNER or CORPORATE CONTACT

Name _____ Phone _____

Address _____ City, State, Zip _____

Birth Date _____ Drivers License # _____ State _____

If your business is located in Troutdale, please complete the following:

(1) Is business located in your home?
 YES NO

(2) Are you self-employed?
 YES NO

(3) (Including self) Number of employees:
Full-time # _____ Part-time # _____

(4) Circle day(s) business is operating:
M TU W TH FR SA SU

(5) Business hours: _____

Building/Contractor Registration & Licensing:

Construction Contractors Board # _____

Landscape Contractors Board # _____

Metro Contractor # _____

Plumbing/Electrical State Registration # _____

Foster Care/Daycare Facilities Only:

State of Oregon Certification # _____

Expiration Date _____

▶▶▶ IMPORTANT!!! ▶▶▶
YOU MUST COMPLETE AND SIGN REVERSE SIDE OF APPLICATION

SECTION A- HOME OCCUPATION/STREET SIDE SALES

ATTENTION: If your business is located in your home, or if you are engaging in street side sales, please make sure you have received and read the handout listing regulations from the Troutdale Development Code. If you have any further questions regarding those rules that apply to your home occupation or street side sales business, please contact the Planning Department at (503) 674-7228. **You must initial below in the signature area if you have a home occupation or street side sales business indicating that you have read and accept/understand those rules that apply to your business.**

SECTION B- PEDDLERS/SOLICITORS (Fee - \$5 per peddler)

The applicant for a Peddler/Solicitor license shall comply with the following conditions:

1. The parent company must have a valid City of Troutdale Business License or Metro Contractors License.
2. Only persons registered on this application shall go door to door within the City of Troutdale.
3. No solicitation on the street is permitted at any time.
4. Any person engaged in soliciting that enters property where a "No Solicitation" sign is posted, is trespassing in violation of TMC 9.28.030 and will be prosecuted.

Office Use - PD Initial

PEDDLER'S FULL NAME <i>(Print Clearly)</i>	ADDRESS (CITY, STATE, ZIP)	BIRTHDATE	DRIVERS LICENSE / STATE	
			/	
			/	

SECTION C- BUSINESS LICENSE FEES

BUSINESS LICENSE FEE **(NON REFUNDABLE)** \$ 50.00

PEDDLER/SOLICITOR x \$5 per person \$ _____

TOTAL FEES \$ _____

IMPORTANT: SIGNATURE REQUIRED!

I hereby certify that the information contained herein is true to the best of my knowledge. I agree and understand that the City of Troutdale, in evaluating this application, may review my criminal history and the criminal history of any employee who is going to work for the business, which is the subject of this license. I agree to abide by all applicable codes and ordinances of the City of Troutdale and to correct any hazards or violations as they may pertain to the above business. Issuance of this license does not guarantee that the site or use conforms to the City of Troutdale land use regulations.

HOME OCCUPATION / STREET SIDE SALES (initial if applies):

(initials) I have received and read the *Home Occupation & Street Side Sales Regulations* and agree to comply with all applicable regulations.

➔ **SIGNATURE:** _____ **DATE:** _____

OFFICE USE ONLY

Planning Director:	Date	
Planner:	Date	
Permit Specialist: <i>(N/A unless CCB / LCB)</i>	Date	
Chief of Police:	Date	
Copy to Gresham Fire: <input type="checkbox"/> Yes <input type="checkbox"/> N/A <i>(If N/A, state reason)</i>	Date	
N/A – HM OCC		
Zoning Code	NAICS Code	TAZ Code
Receipt #	Date	
Amount Paid	\$ _____	
Issued with exceptions?		<input type="checkbox"/> YES