

City of Molalla

Business License Application

P.O. BOX 248

MOLALLA OR 97038

(503)-829-6855

FAX (503)-829-3676

NOTE: Acceptance of business license application does not certify that applicant has complied with all City Code provisions. The City of Molalla is not responsible for business names, copyright, trademark, infringement or other pertinent information. State and Federal business requirements (if any) and other information is the responsibility of the business. This license is only valid for business conducted in the City of Molalla and is not part of any other licensing or affiliates. **INFORMATION MUST BE COMPLETED BEFORE APPLICATION WILL BE ACCEPTED. PLEASE PRINT OR TYPE.**

If applicable, **Oregon Contractors or Landscapers Board Reg. #** _____

Business Name: _____ **Business Phone:** 503-____-____

Contact Name: _____ **Home Phone:** 503-____-____

Other Phone: ____-____-____

Business Street Address: _____

Mailing Address, if different : _____

Type of Business to be conducted: _____

Number of Employees: Self__ 1-10__ 11-20__ 20-50__ 51-100__ 100 +__

Applicant's Full Name: _____

Applicant's Drivers Lic. (optional) # _____

Applicant's Position to Business (I.E. Owner, Manager, Secretarial, etc) _____


Applicant's Street Address: _____ **City** _____ **State** _____ **Zip** _____

Mailing if Different: _____

Applicant's Signature: _____ **DATE:** _____

The above signature states all information is true, current and correct.

Applicant is Business Owner, Manager, or responsible party and signature is required or application will be returned as incomplete.

EMERGENCY INFORMATION If it's an out of town business  you do NOT need to complete this
(this information may be released for emergency purposes, IE: police, fire, code enforcement if needed)

EMERGENCY CONTACT NAME and PHONE NUMBER (in priority order):

- 1) _____
- 2) _____
- 3) _____

Building Owner Name & Address: _____

Building Owner Phone Number: _____ **Fire Insurance Name:** _____

Alarm Information--Alarm Co. Name & Phone: _____

Type of alarm: None__ Audible__ Silent__ Holdup__ Fire__ Other (specify) _____


Hazard Information: Do you have any hazardous materials or chemicals on the premises, if yes, please specify _____

FOR OFFICE USE ONLY If Residential Business---Planning Dept. Signoff _____

\$50.00 Annual Fee (Jan. 1- Dec. 31)

License Number #

Date Pd.: _____ cash _____ check # _____

ECR  **LM** 