

BUSINESS LICENSE APPLICATION

Welcome to Gresham! We look forward to helping you establish your new business.



Business License Section
1333 NW Eastman Parkway
Gresham OR 97030-3813
(503) 618-2370

Business Information

I am applying for	<input type="checkbox"/> A new business license <input type="checkbox"/> A change of location for existing business license		
Business Name			
Business Address			
Business Mailing Address			
Business Phone		Fax Number:	
E-mail			
Website			
Business Structure	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Partnership	# of Employees Including owner(s):	
Briefly describe the business type/practice			

Business Owner Information

Owner Name			
Owner Address			
Owner Mailing Address			
Owner Date of Birth		SS. # or Fed ID	
Home/Other Phone		Driver's License #	
Emergency Contact		Emergency Phone	

Business Building Space Information

Describe changes/alterations, additions or work that will be done to the space occupied by your business (please note if none).

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What is the square footage that will be occupied by your business?	
What type of businesses share a wall with your business?	<input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Other:
Will you have a commercial kitchen?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many bathrooms are there?	
How many exits to the exterior of building?	
Are there sprinklers in your business space?	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Yes
Are any hazardous/combustible materials or liquids used?	<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Yes

ENVIRONMENTAL SURVEY

1. Does your company use/handle/generate or store any hazardous chemicals or chemical waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your business have a commercial kitchen or use water for washing vehicles, buildings, engines, equipment, pavement, or other objects that use soap, detergents, heat, grease, oil, dissolved metals, nutrients, microbes, soil or other particulates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there floor drains, catch basins, sumps, sinks or outlets to the sanitary sewer or storm system in your manufacturing/production or storage areas? <i>(If YES, select below what will be in the discharged wastewater)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Metallic <input type="checkbox"/> Color Dyes <input type="checkbox"/> Soaps/Detergents <input type="checkbox"/> Amalgam <input type="checkbox"/> Alkaline <input type="checkbox"/> Toxic Organics <input type="checkbox"/> Fat, Oil, Grease <input type="checkbox"/> Medicine/Rx <input type="checkbox"/> Hot Water <input type="checkbox"/> Acid <input type="checkbox"/> Other: _____	
4. Will the quantity of wastewater be greater than 25,000 gallons per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is there stormwater runoff from areas where materials, chemicals or equipment are handled or stored outside that could be discharged to the public stormwater system? Stormwater discharges associated with certain industrial activities may require a DEQ 1200-Z /1200-COL permit (www.deq.state.or.us/wq/stormwater/industrial.htm .)	<input type="checkbox"/> Yes <input type="checkbox"/> No

BUSINESS LICENSE FEE WORKSHEET

Complete the amount due for each licensing fee below.

LICENSING FEES	FEE AMOUNT	AMOUNT DUE
Business License	<ul style="list-style-type: none"> ▪ New application: \$75 ▪ Change of ownerships only: \$15 	\$
Employees	<ul style="list-style-type: none"> ▪ Up to 2 employees/owners: Free ▪ 3+ employees/owners: # _____ \$3 each 	\$
City Review of OLCC Application (for those serving alcohol beverages)	<ul style="list-style-type: none"> ▪ New application with OLCC: \$100 ▪ Change application with OLCC : \$75 	\$
Coin operated amusement/musical device	▪ Number of devices: _____ x \$25	\$
DMV dealer certificate review/approval	▪ \$33 endorsement + \$90 plan review	\$
Bingo/other social games	▪ Number of devices: _____ x \$25	\$
Second Hand Dealers*	▪ \$25	\$

*Requires additional application. [Visit Greshamoregon.gov/SecondHandDealer](http://Visit.Greshamoregon.gov/SecondHandDealer) for details.

TOTAL AMOUNT DUE: \$ _____

By typing/printing my name, I agree that:

- All information is true, correct and complete based on all information of which I have knowledge. I understand that falsifying any information on this application may result in revocation of the business license.
- I understand the business license is a separate application and not in lieu of or approval for any other licenses or permits which may be required. I understand that all necessary licenses and permits must be obtained and approved by the City of Gresham and all applicable fees must be paid before commencing business.
- The business shall comply with all Federal, State and Municipal laws. Conducting business in violation of these laws or in a manner that constitutes a menace to the public health and safety may result in denial or revocation of the business license.

Business Owner or Contact Person

Date

SUBMITTAL

Online

Email application to: BusinessLicense@GreshamOregon.gov.
Once the application is processed, you will be sent a link and account number for online payment.

Regular Mail/In Person

Mail or deliver application and payment to:
City of Gresham Business Licensing
1333 NW Eastman Pkwy, Gresham, OR 97030

OFFICE USE ONLY:

Business License #:

Paid:

Cash / Check / _____