



City of Culver
PO Box 368
Culver, OR 97734

APPLICATION FOR BUSINESS LICENSE

Applicant _____

Mailing Address: _____

Business Name: _____ Zoning: _____

Business Address: _____ Phone: _____

Owner's Name: (please print) _____

Brief description of Business: _____

For Survey Only – Confidentiality will be maintained

Gross Sales Last Year \$ _____

Number of Full Time employees: _____ Part-time: _____

Do you expect the number of employees to change this year: Yes No

Please explain the reason for the change if applicable: _____
(May use back of form for additional information)

If business is conducted from home, a Conditional Use Permit may be required. Date of CUP approval if applicable: _____ Date of Sign Permit approval: _____

STATEMENT OF COMPLIANCE **CONTRACTORS ONLY**

State of Oregon Construction Contractors Board Requirements:

I am in compliance with ORS 705.055(7), which requires me to be currently registered with the State of Oregon Construction Contractors Board. My registration is in full force and effect.

Signed: _____ Date: _____

CCB# _____ Expiration Date: _____

Please include a photocopy of current certificate issued by the Construction Contractors Board.

Please complete the back of form and submit with appropriate fee.

<p style="text-align: center;">City of Culver General Business License Fee Calculation</p>	
For a Business with a permanent location within the Culver city limits:	
Five or fewer (0-5) full time equivalent employees	\$45.00 basic fee
Businesses with more than 5 FTE employees, basic fee plus	\$ 2.00 per employee (max \$250)
For Businesses outside of the Culver city limits:	
Basic Fee	\$50.00
Mobile Vendors	
Any mobile vendor	\$60.00
Late Payment Fee	
Additional Penalty Fee if paid after March 15 th .	\$20.00

AFFIDAVIT: I hereby certify that the above information is true, correct and completely based on all the information of which I have knowledge.

- * I understand that this form is only an application. If approved, a license will be mailed to my business address. If the application is not approved, a letter stating the reason for denial will be mailed to the address provided.

Applicant's Signature: _____

Date: _____

Comments: _____

Please return form and payment to: City of Culver
 PO Box 368
 Culver, OR 97734

If you have any questions, please contact city hall at 541-546-6494 or by e-mail at cityhall@cityofculver.net

Thank You!