

# BUSINESS LICENSE APPLICATION

This application is for a business that offers products or services or manufactures goods (i.e., retail, office, food service/restaurant, personal or professional services, production of goods, industrial uses, etc.) that will operate out of a non-residential brick and mortar location within Gresham city limits.



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

Please note if one of the following is applicable to your business:

## Attachments to this application

- Non-profit: A 501(c)(3) is eligible for waiver of the license fee. Please attach your IRS Exemption Proof to this application.
- Vehicles: You will also need to attach a [DMV Dealer Certification Form](#) to this application for the City to endorse.
- New/used firearms: If you are selling both new and used firearms only this commercial license is required along with a letter of approval to sell from the [Bureau of Alcohol, Tobacco and Firearms](#) and State backup documentation.

## Additional separate applications to apply for:

- Alcohol: If your business serves alcohol, you will also need to complete the Liquor License Endorsement application.
- Used firearms: If your business is selling only used (not new) firearms, you will need to complete the Precious Metal & Gem/Second-hand Dealer license *instead* of this commercial license.
- Private property towing: If your business is a towing company that will tow from private property, you will also need to complete the Private Property Impound application.

Business Information (please provide local contact information if possible)		<input type="checkbox"/> New or	<input type="checkbox"/> Change of ownership only
Company Name		Owners + Gresham employees	Please list the total number: _____
Doing Business As (DBA)			
Business Description		Are you selling vehicles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Location Type	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial/Man.
Mailing Address			
Business Phone		Fax Number	
E-mail			
TIN		Tax ID	<a href="#">NAICS Code</a>
Company Type/Structure	<input type="checkbox"/> Sole proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Limited partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government agency <input type="checkbox"/> LLS Corp <input type="checkbox"/> Non-profit <input type="checkbox"/> Professional Corporation		
Emergency Contact		Emergency Phone	

Owner Information	
Name	
Home Address	
Mailing Address	
Email	Fax
Owner Date of Birth	Driver's License #
Home Phone	Cell Phone
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Ukrainian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Thai <input type="checkbox"/> Korean <input type="checkbox"/> Chinese (simplified) <input type="checkbox"/> Mandarin <input type="checkbox"/> Japanese <input type="checkbox"/> Other _____
Ownership Type	<input type="checkbox"/> Minority-owned <input type="checkbox"/> Veteran-owned <input type="checkbox"/> Woman-owned <input type="checkbox"/> NA <input type="checkbox"/> Prefer not to answer
Racial/Ethnic Background	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Sub-continent Asian <input type="checkbox"/> White (non-Hispanic or Latino) <input type="checkbox"/> Other _____ <input type="checkbox"/> Prefer not to answer

### Business Building Space Information

Please describe any work that you are doing (adding, removing or alterations) to your tenant/business space to prepare it for operations (i.e. adding walls, removing kitchen fixtures or equipment, adding a restroom, changing electrical locations, installing a walk in cooler, etc.)

What is the square footage that will be occupied by your business?	Square Feet
What type of businesses share a wall with your business?	
Will you have a commercial kitchen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many bathrooms within your building space?	
How many exits to the exterior of building?	
Are there sprinklers in the space that will be occupied by your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Are any hazardous/combustible materials or liquids used? If yes, list type:	<input type="checkbox"/> Yes: _____ <input type="checkbox"/> lbs / <input type="checkbox"/> gal <input type="checkbox"/> No <input type="checkbox"/> Unknown

### Environmental Survey

Does your company handle, use, generate or store any hazardous chemicals or chemical waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your business have a commercial kitchen or use water for washing vehicles, buildings, engines, equipment, pavement or other objects that use soap detergents for processing, heat, grease, oil, dissolved metals, nutrients, microbes, soil or other particulates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there floor drains, catch basins, sumps, sinks or outlets to the sanitary sewer or storm system in your manufacturing production or storage areas? If yes, select below which will be the discharged into wastewater:	<input type="checkbox"/> Yes (check below) <input type="checkbox"/> No
<input type="checkbox"/> Acid <input type="checkbox"/> Alkaline <input type="checkbox"/> Color Dyes <input type="checkbox"/> Dissolved Metals <input type="checkbox"/> Fat/Oil/Grease <input type="checkbox"/> Hot Water <input type="checkbox"/> Medicine/RX <input type="checkbox"/> Soaps/Detergents/Amalgam <input type="checkbox"/> Toxic Organics <input type="checkbox"/> None <input type="checkbox"/> Other: _____	
Will the quantity of wastewater be greater than 25,000 gallons per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there stormwater runoff from areas where materials, chemicals or equipment are handled or stored outside that could be discharged into the public storm water system? <i>Storm water discharge is associated with certain industrial activities may require a DEQ 1200-z/1200-COL permit DEQ.state.or.ws/wq/stormwater/industrial.htm)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### By signing my name, I agree and understand that:

- All information is true, correct and complete based on all information of which I have knowledge. I understand that if I do not provide proper documentation or attachments (where required), my application will not be reviewed until they are provided.
- I understand that falsifying any information on this application may result in revocation of the license.
- I understand this license is a separate application and not in lieu of or approval for any other licenses, registrations, 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.
- I understand per Gresham Revised Code, 9.05.05 (3) (l) all applications applied for and issued are subject to public record and the City shall exempt from disclosure information of a personal nature to the extent permitted by the Oregon Public Records and other applicable laws.

**Business Owner/Rep Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Business License Fees

Business License Fee	\$80.00
3 or more employees \$ 3.00 each: _____ X \$3.00	
<b>AMOUNT DUE \$</b>	

### City Use Only

Paid:  Check  Online  Cash

License#: \_\_\_\_\_

**Email Submittal**

Email application to: [BusinessLicense@GreshamOregon.gov](mailto: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  
Attn: Business Licensing  
1333 NW Eastman Pkwy, Gresham, OR 97030