



# City of Lake Oswego Business License Application

380 A Ave | PO Box 369 Lake Oswego, Oregon 97034  
Phone: 503-635-0279 | Fax: 503-699-7457  
blpayments@lakeoswego.city

For Internal Use Only:	
License Number	_____
Date Received	_____
Received By	_____
Sent to:	<input type="radio"/> Planning <input type="radio"/> Fire
Approved:	<input type="radio"/> Yes <input type="radio"/> No

Application Date: \_\_\_\_\_

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of Business: Corporation Sole Proprietor Partnership LLC Non Profit Other: \_\_\_\_\_

Brief description of business: \_\_\_\_\_

### OWNER INFORMATION

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Contact Name (if different than owner): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### ADDITIONAL INFORMATION

- Total number of owners and employees: \_\_\_\_\_
- Square footage occupied by business: \_\_\_\_\_
- For Salons – Number of stations: \_\_\_\_\_
- For Contractors – CCB license number: \_\_\_\_\_
- Is this business a restaurant or bar? (If yes, see page 2 for additional requirements) Yes No
- Is this a home based business? (If yes, see page 2 for additional requirements) Yes No
- Will you be doing door-to-door solicitation? (If yes, please provide a photocopy of canvassers' IDs) Yes No
- Does your business involve cannabis in any way? Yes No
- Will your business need remodeling of the premises, requiring a building permit? Yes No
- Will your business require a new sign or modification to an existing sign? Yes No
- What kind of business previously occupied this space, if any? \_\_\_\_\_
- Will your business involve the use or storage of toxic, flammable, poisonous, or potentially hazardous materials? Yes No
 

Material name _____	Amount on premises _____
Material name _____	Amount on premises _____
Number of people (employees, patrons, and the public) you expect in your building at any one time: _____	

## RESTAURANTS AND BARS

This establishment is primarily a:  Restaurant  Bar  
Restaurants:  Sit Down  Take Out  Serves Alcohol

For licensing of a restaurant with liquor license, a bar, or similar use, submit the following:

1. Narrative description of proposed use, including food and beverage menus, hours of operation, and any age limits
2. Floor plan identifying bar, bar/cocktail area seating, restaurant seating, and food preparation areas, as applicable
3. Oregon Liquor License application as applicable
4. Other information as needed to verify compliance with LOC 50 Community Development Code

For questions regarding these requirements, contact Paul Espe at 503-697-6577 or [pespe@lakeoswego.city](mailto:pespe@lakeoswego.city).

## HOME BUSINESSES

A Home Occupation business may be conducted if the following conditions are continuously complied with (LOC 50.03.003.4.b):

1. The use does not alter the residential character of the neighborhood or infringe upon the right of residents in the vicinity to the peaceful enjoyment of the neighborhood
2. A current and valid business license is maintained
3. No employees other than family members who reside at the dwelling
4. No outside storage of goods or materials other than vegetation
5. No more than 25% of the dwelling is devoted to nonresidential use

How many customers do you anticipate coming to your home on a daily basis? \_\_\_\_\_

I understand these provisions concerning home occupations and certify that my business does now and will continue to meet these provisions.

\_\_\_\_\_  
SIGNATURE OF OWNER/PRINCIPAL OFFICER

\_\_\_\_\_  
DATE

## OWNER/PRINCIPAL OFFICER SIGNATURE

I, Owner/Principal Officer, represent that the business will be conducted during the year for which the business license is hereby applied for in conformity with all laws of the State of Oregon and ordinances of the City of Lake Oswego, Oregon.

I hereby certify that all information on this application is true, correct and complete based on all information of which I have knowledge.

\_\_\_\_\_  
SIGNATURE OF OWNER/PRINCIPAL OFFICER

\_\_\_\_\_  
DATE

## FEE SCHEDULE

Business license application fees are non-refundable. Licenses are valid for a full 12 months once issued.

- 1-3 employees (including owners): \$80.00  
 4-10 employees (including owners): \$110.00  
 11 or more employees (including owners): \$150.00

Temporary License\*:  \$25.00 (1 week)  \$50.00 (2 weeks)

\*Temporary licenses are valid for no more than two successive weeks during a calendar year. Applicants are restricted to two temporary licenses per year.

Dates requested for temporary license: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_