



## City of Molalla Business License Application

You must fill out every field on this form or it will not be accepted. If an item does not apply to your business, please mark it "N/A."

### **Type of Application**

\_\_\_\_\_ New Business License (\$100.00 before July 1, \$50.00 after July 1)

*\*Note – Business Licenses expire December 31 of each year until the \$70.00 renewal fee is paid*

\_\_\_\_\_ Change of Existing Business License (location, ownership, contact information, etc.)

### **Business Contact Information**

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

State of Oregon Business Registration Number: \_\_\_\_\_

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

Business Physical Address: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

Business Emergency Contact Name & Telephone: \_\_\_\_\_

### **Owner Contact Information**

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

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

Owner Email Address: \_\_\_\_\_

Owner Telephone Number: \_\_\_\_\_

### **Manager Contact Information**

Manager Name: \_\_\_\_\_

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

City of Molalla – 117 N Molalla Ave/PO Box 248 - Molalla, OR 97038

(503) 829-6855 – [adminassistant@cityofmolalla.com](mailto:adminassistant@cityofmolalla.com)

Manager Email Address: \_\_\_\_\_

Manager Telephone Number: \_\_\_\_\_

**Operational Information**

Description of Proposed Business Operation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of business was at this address previously: \_\_\_\_\_

Is this business located within the Molalla City limits [[city zoning map](#)] ?      \_\_\_ Yes \_\_\_ No

Is this business located in a residential zone [[city zoning map](#)] ?      \_\_\_ Yes \_\_\_ No

If yes, please contact the City of Molalla Community Development Department at [communityplanner@cityofmolalla.com](mailto:communityplanner@cityofmolalla.com) or 503-759-0205 to apply for a home occupation permit approval or provide the previously obtained permit number here: \_\_\_\_\_.

**(Attach copy)**

Does this business have an alarm system?      \_\_\_ Yes \_\_\_ No

If yes, please contact APS (the City’s alarm company) at [molallaor@citysupport.org](mailto:molallaor@citysupport.org) or 888-865-9770 to obtain an alarm permit or provide the alarm permit number here: \_\_\_\_\_.

**(Attach copy)**

Is this business a “Food Service Establishment” that produces and/or disposes of Fats, Oils, or Grease of any kind?      \_\_\_ Yes \_\_\_ No

If yes, the City of Molalla Standard Specifications for Public Works requires installation of an approved grease interceptor on your sewer line. You may provide the plumbing permit number from Clackamas County Building Codes Division below or schedule an inspection with City of Molalla Engineering at [inspections@cityofmolalla.com](mailto:inspections@cityofmolalla.com) or 503-759-0205. Plumbing permit number here: \_\_\_\_\_.

**(Attach copy)**

Is alcohol going to be bought, sold, or served at this location?      \_\_\_ Yes \_\_\_ No

If yes, you must obtain an OLCC permit. Here is the link to [OLCC](#). If you have questions on the process, please contact the City Recorder at [recorder@cityofmolalla.com](mailto:recorder@cityofmolalla.com) or 503-829-6855.

Is this business a Categorical Industrial User under 40 CFR 403 (this is rare)?      \_\_\_ Yes \_\_\_ No

If yes, you will be required to enter into a wastewater pretreatment program and agreement with the City of Molalla. If you do not, please contact City of Molalla Community Development Department at [communityplanner@cityofmolalla.com](mailto:communityplanner@cityofmolalla.com) or 503-759-0205. If you do, please put the number here: \_\_\_\_\_.

**(Attach Copy)**

**Attest**

Initial each line on the space provided.

\_\_\_ I attest that the information provided on this form is true and accurate.

\_\_\_ I am responsible for providing updated information any time something on this form changes.

\_\_\_ I have the authority to legally obligate and sign on behalf of the above-named business.

\_\_\_ I understand that this business license does not constitute a land use or building permit approval.

\_\_\_ I understand that this business license is only valid once approved by the City of Molalla and requires annual renewal.

\_\_\_ I understand that my business license will be immediately invalidated for any failure to comply with the laws and rules of the City of Molalla, Clackamas County, State of Oregon, or the United States.

\_\_\_ I understand that a valid business license is required for business operation in the City of Molalla per Molalla Municipal Code (MMC) 5.24. City issuance of a business license does not indicate compliance with, nor waiver of other applicable laws, rules, or requirements.

Signature of Owner: \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Owner: \_\_\_\_\_

**For Official Use Only**

Department Review/Approval: Application Received Date: \_\_\_\_\_ Date paid: \_\_\_\_\_

Community Development-Name: \_\_\_\_\_ Date: \_\_\_\_\_

Police-Name: \_\_\_\_\_ Date: \_\_\_\_\_

Fire-Name: \_\_\_\_\_ Date: \_\_\_\_\_

Code Compliance-Name: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:  
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