

CITY OF ROSEBURG BUSINESS REGISTRATION

900 SE DOUGLAS
ROSEBURG, OR 97470 - (541) 492-6866
\$150.00 NON REFUNDABLE FEE

Entire application must be complete.
Incomplete forms will not be processed.
If a question is not applicable, write N/A.

Registration License #:
BR _____ - _____



BUSINESS NAME _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

BUSINESS ADDRESS _____ CITY/ZIP _____

MAILING ADDRESS (If different than above) _____

IS THIS BUSINESS A REGISTERED NON-PROFIT ☐ YES ☐ NO IF YES, ADD A COPY OF NON-PROFIT REGISTRATION

TYPE OF BUSINESS (select all that apply): ☐ RETAIL ☐ OFFICE ☐ SERVICE ☐ HOME BASED ☐ MANUFACTURING

☐ WHOLESALE ☐ WAREHOUSE ☐ STORAGE UNITS ☐ DOOR TO DOOR SALES ☐ ALCOHOL SALES

☐ OTHER _____

DESCRIBE YOUR BUSINESS, PLEASE BE SPECIFIC _____

IS THIS SPACE SHARED WITH ANOTHER BUSINESS? ☐ YES ☐ NO IF YES, WHO _____

WHAT BUSINESS WAS PREVIOUSLY LOCATED AT THIS ADDRESS? _____

HAS THE BUILDING OR SPACE BEEN VACANT FOR MORE THAN 6 MONTHS? ☐ YES ☐ NO

ARE YOU CHANGING, ADDING OR REMOVING A SIGN? ☐ YES ☐ NO

IS THIS NEW CONSTRUCTION? ☐ YES ☐ NO IF NO, DO YOU PLAN ON MAKING CHANGES TO THE BUILDING OR

SITE? ☐ YES ☐ NO IF YES, PLEASE DESCRIBE _____

Generally registrations are issued within 10 business days; however, construction or remodeling may cause a delay and require additional permits. Applicants are encouraged to contact Community Development at (541)492-6750 for more information.

Vending Cart Information (Only complete this section if you have a vending cart business)

SELLING OR PREPARING FOOD? ☐ YES ☐ NO SELLING OR DISPENSING ALCOHOL? ☐ YES ☐ NO

WILL THE CART BE MOBILE OR STATIONARY (PERMANENT)? MOBILE ☐ STATIONARY ☐

DOES YOUR CART REQUIRE ELECTRICITY? ☐ YES ☐ NO PROPANE GAS? ☐ YES ☐ NO ☐ OTHER _____

AS APPLICANT(S) FOR A VENDING CART BUSINESS I HEREBY ACKNOWLEDGE THAT I WILL COMPLY WITH THE REQUIREMENTS OF RMC 12.08.040(M), AND AGREE THAT VENDING CART WILL ONLY BE PARKED WITHIN A COMMERCIAL OR INDUSTRIAL ZONE AND PERMISSION FROM THE PROPERTY OWNER WILL BE OBTAINED PRIOR TO PARKING VENDING CART AT ANY LOCATION. Initial here _____

(Vending carts need further approval from the Fire Marshal, Community Development or Parks depending on location. Please review vending cart information within RMC 12.08 before choosing a location or beginning your business.)

The following information must be completed for all persons having an ownership interest in the business, including owner, partner, associate or lessee – but not including a shareholder in a publicly owned corporation. List additional persons on separate page in the following format.

1. LEGAL NAME (FIRST/MIDDLE/LAST): _____ OTHER NAMES USED: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVER LICENSE# & STATE: _____

JOB TITLE: _____

PERSONAL PHONE #: _____

EMAIL: _____

2. LEGAL NAME (FIRST/MIDDLE/LAST): _____ OTHER NAMES USED: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

DRIVER LICENSE# & STATE: _____

JOB TITLE: _____

PERSONAL PHONE #: _____

EMAIL: _____

BUSINESS DAYS/HOURS OF OPERATION _____

IF TEMPORARY, DATES OF OPERATION _____

TARGET OPENING DATE _____

Is your business incorporated? YES ☐ NO ☐ If yes, please provide a separate sheet of paper including business name, address, corporate officers, phone numbers and registered local agent.

Have you ever had a business license suspended or revoked? YES ☐ NO ☐ If yes, please explain: _____

Has any person with ownership interest in the business been convicted of a felony? YES ☐ NO ☐

If yes, whom? _____

Has any person with ownership interest in the business been convicted of a misdemeanor relating to fraud, theft or any activity connected to the business to be conducted? YES ☐ NO ☐

If yes, whom? _____

**See RMC 9.100 for other disqualifying offenses.*

If you answered 'yes' to either of the above questions, please provide a separate sheet of paper to explain the felony or misdemeanor including dates and how this conviction is not applicable to the business for which you are applying.

By signing and submitting this application, I hereby certify that the foregoing information is true and correct; I understand the requirements of RMC 9.02 are available upon request. I must comply with all state and federal bonding and licensing requirements in connection with my business and I authorize the City of Roseburg to conduct a criminal background check.

Applicant's Signature

Date

Co-Applicant's Signature

Date

YOU MUST NOTIFY THE CITY RECORDER'S OFFICE OF TELEPHONE NUMBER CHANGES OR IF THE BUSINESS CLOSSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A NEW REGISTRATION

For Office Personnel Only

Date application received _____

RECEIPT # _____ HOME OCCUPATION _____ OUTSIDE CITY _____ Prior BR at site _____

THIS APPLICANT HAS MET THE REQUIREMENTS FOR BUSINESS REGISTRATION PURSUANT TO THE ROSEBURG MUNICIPAL CODE

Approval Yes ____ No ____ (If No, attach memorandum outlining denial)

Roseburg City Recorder or Designee

Date

BUSINESS NAME: _____ **BR#** _____

Notes:

