



SCAPPOOSE *Oregon*

YEAR ENDING DECEMBER 31, 2024

OPENING DAY OF BUSINESS _____

CITY OF SCAPPOOSE

2024 Application for City Business Registration Inside City Limits ~ Commercial
33568 East Columbia Avenue * Scappoose, Oregon 97056
Phone 503-543-7146 * Fax 503-543-7182

SCAPPOOSE MUNICIPAL CODE, TITLE 5, BUSINESS LICENSE AND REGULATION, REQUIRES ALL FEES ARE DUE AND PAYABLE BY JANUARY 1ST EACH, FAILURE TO PAY FEES BY DUE DATE WILL INCUR A PENALTY.

Owner Name: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Bus. Location: _____ Email address: _____

City, State, Zip: _____ No. Full-time Employees: _____
(Number of employees working 20 hours or more per week)

Mailing Address: _____

City, State, Zip: _____ No. Part-time Employees: _____

Emergency Contact Name & Phone Number: _____

Emergency Contact Name & Phone Number: _____

Description of Business ~ Check One:

Retail Wholesale Financial Service Manufacturing Rentals Real Estate Other _____
(please describe)

If Applicable ~ Contractors/Landscapers Board License # _____

IMPORTANT - READ AND SIGN BELOW RETURN. VALIDATED LICENSE WILL BE MAILED TO YOU.

FEES: Annual \$55.00 first 2 employees \$ 6.00 for each after

New Renewal

Signed By _____ Office/Title _____ Date _____

I certify that the above information is correct (Make any corrections as needed). 5.04.030 Disclaimers--Exceptions--General requirements. General License Requirements. In addition to any other requirement of this chapter, each licensee shall: Conforms to all federal, state, and local laws and regulations, the provisions of this chapter, and any rules adopted hereunder, with the exception of the federal Controlled Substances Act as it pertains to marijuana legal under the laws of the State of Oregon. **NOTE: ADDITIONAL CITY PERMITS AND/OR SYSTEM DEVELOPMENT CHARGES MAY BE REQUIRED BEFORE THE OWNER CAN COMMENCE BUSINESS.**

OFFICE USE ONLY

Planning _____
 If marked please see comment page

City Manager _____
 If marked please see comment page

Building _____
 If marked please see comment page

Police _____
 If marked please see comment page

Amount Paid _____ Date Issued _____ By _____ Receipt # _____ Type Code _____ Date Business Discontinued _____ License Number _____ SDC'S DUE _____

If you change your business address, nature of business, or if you are no longer doing business in Scappoose, please notify City Hall.



City of Scappoose

Commercial Business Inside City Limits Questionnaire

A Business License Registration form is also necessary.

1. Give a description of your business to be conducted in the building; _____

Gross square footage of the proposed business space: _____

2. **Change of Occupancy Permit and Special Inspection Permit may also be required;**
Business Name of *previous* tenant (if space was previously leased/rented);

Use link below to find Occupancy Classifications in the current 2019 OSSC to answer a & b;
<https://codes.iccsafe.org/content/OSSC2019P1/chapter-3-occupancy-classification-and-use>

Based on the business, according to the 2019 Oregon Structural Specialty Code (OSSC);

- a. What was the **previous** Occupancy Classification (A-U); _____
 - If Classification is; A, F, H, I, R or S, then also list the Group Use (i.e. A-1); _____
- b. What is your **proposed** Occupancy Classification (A-U); _____
 - If Classification is; A, F, H, I, R or S, then also list the Group Use (i.e. A-1); _____

For more info on Change of Occupancy/Use permits, please visit our website;

<https://www.ci.scappoose.or.us/building/page/change-occupancy-classification-or-change-use>

NOTE: System Development Charges may also be due based on any changes to water meter size, impervious area changes, and/or changes of the traffic ITE codes. For more info city's current Fee Resolution 22-16; <https://www.ci.scappoose.or.us/resolutions>

3. Provide a plot plan with parking plan (mandatory). Also note if there will be any changes to impervious areas (asphalt/concrete).
4. Will there be outside storage? If yes, please explain and show on plot plan: _____

5. Will you be installing any signs at your place of business? Yes _____
No _____
If yes, you will need to contact the Planning Department for required sign permit(s) or visit our website; <https://www.ci.scappoose.or.us/planning/page/sign-permit-application>

6. Will there be changes to structural, plumbing and/or mechanical proposed?
Yes _____ No _____
If yes, you or your contractor will need to apply for a building permit;
<https://www.ci.scappoose.or.us/building/page/building-permit-application>
NO BUSINESS LICENSE WILL BE ISSUED UNTIL ALL PERMITS ARE FINAL.



SCAPPOOSE *Oregon*

7. Will there be any direct sale of products or merchandise from this place of business?

Yes _____ No _____

If yes, please explain merchandise, and what are your hours of operation?

8. Will you be storing hazardous materials? Yes ___ No ___

If yes, please describe material and where it will be stored.

9. Will commercial delivery (UPS, etc.) vehicles be coming to your place of business? Yes ___ No ___

If yes, where will the loading and unloading take place (indicate on your parking plan) and at what hours. _____

10. Will any equipment or process be used in the building that will create: Please check all that apply;

_____ noise

_____ vibrations

_____ glare

_____ fumes

_____ odors perceptible outside the building

_____ cause any electrical interference in any of the businesses surrounding your place of business

11. Does this business have an Alarm System? Yes _____ No _____

If yes, you will need an alarm permit from the Scappoose Police Department.

<http://www.ci.scappoose.or.us/police>

12. Does the building have fire sprinklers? Yes _____ No _____

13. Are you renting/leasing the building? Yes _____ No _____

If yes, please supply landlord/lessor contact info below

Property Owner's Name: _____

Property Owner's Mailing Address: _____

Property Owner's Telephone: _____

Property Owner's Email: _____



SCAPPOOSE

Oregon

Planning Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____

Building Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____

Police Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____