



# SCAPPOOSE *Oregon*

YEAR ENDING DECEMBER 31, 2024  
OPENING DAY OF BUSINESS \_\_\_\_\_

**2024 Application for City Business Registration Inside City Limits ~ Home Occupation  
City of Scappoose**

**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 1<sup>ST</sup> EACH YEAR (UNLESS YOU ARE OUT SIDE OF THE CITY LIMITS THEN IT MUST BE RENEWED PRIOR TO WORKING IN THE CITY OF SCAPPOOSE), 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: \_\_\_\_\_

**Check One:**     Home Occupation ~ Type I                       Home Occupation ~ Type II

**If applicable ~ Contractors/Landscapers Board License # \_\_\_\_\_**

**FEES: Annual \$55.00 first 2 employees \$ 6.00 for each after    [ ] New License or [ ] Renewal  
Planning Department fee (one time) Type I - \$75, Type II - \$900**

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

**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 may be necessary 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  
If you change your business address, nature of business, or if you are no longer doing business in Scappoose, please notify City Hall. **To pay online ~ [www.scappoose.gov](http://www.scappoose.gov).**



# Home Occupation (Type I) Application

Scappoose Planning Department

52610 NE 1st St.; Scappoose, OR 97056 | (503) 543 - 7184 | [www.scappoose.gov](http://www.scappoose.gov)

**NOTE TO APPLICANT:** Please enter the information electronically using the fillable PDF or write legibly using black or dark blue ink. While completing the application electronically is an option, a wet-ink signature is required when a signature is prompted. If you utilize the fillable PDF, please complete the prompts, print the document, and physically sign where required. **Incomplete applications will not be processed until the Planning Department receives all required submission materials.**

The Home Occupation Permit allows residents an opportunity to engage in small-scale business ventures from their homes. Home occupations are to be subordinate to the residential use and character of the dwelling. Type I Home Occupations shall exhibit no evidence that a business is being conducted from the premises. Please contact staff if you are unsure whether your proposed home occupation requires a Type I or Type II permit.

## TRACKING INFORMATION (for office use only)

<i>Application submittal Includes:</i>		
<input type="checkbox"/> 1 hard copy	<input type="checkbox"/> Business license fee	<input type="checkbox"/> Home Occupation fee
Date submitted with payment: _____		Receipt #: _____

## APPLICANT INFORMATION

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

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name(s)\*: \_\_\_\_\_

***\*If you are the legal property owner, please list your name above and skip the remainder of this section.\****

Mailing address: \_\_\_\_\_

Email address: \_\_\_\_\_

Do you consent to the operation of the home occupation as described in this application?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Business/home address: \_\_\_\_\_

Business description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What specific activities and tasks related to the home occupation will take place in the residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of full-time employees: \_\_\_\_\_ Number of part-time employees: \_\_\_\_\_

1. Will your home occupation be conducted entirely within the dwelling?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

2. Will there be any other employees other than inhabitants of the dwelling?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

3. Will the home occupation change the residential character of the building?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

4. Will your home occupation occupy more than 25% of the floor area of the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

5. Will the home occupation display or store merchandise, materials, or equipment outside of the home?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Will there be a need for additional parking or vehicle traffic?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Will there be any direct sales of goods or services from the residence or customers visiting the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. Will commercial delivery (Amazon, UPS, FedEx, etc.) ever ship more than 3 business-related packages per week to the residence?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

9. Will any equipment or process be used in the home occupation which will create noise, vibrations, glare, fumes, or odors perceptible outside of the dwelling unit or cause any electrical interference in any radio or television receivers off the property?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. Will there be any signs for your business?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Planning Department

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Department Referral

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department Referral

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Manager Referral

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_