



2024 Application for City Business Registration Inside City Limits ~ Amusement Devices

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 1ST EACH YEAR (UNLESS YOU ARE OUTSIDE 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:

Mailing Address: Email address:

City, State, Zip:

Description of Business: Amusement Devices No. of Devices:

Amusement Device(s) Location:

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

FEES: Annual \$55.00 plus \$5.00 per machine

- 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 may be necessary before the owner can commence business.

OFFICE USE ONLY

Planning

City Manager

If marked please see comment page

If marked please see comment page

Building

Police

If marked please see comment page

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.

To pay online ~ www.scappoose.gov

**CITY OF SCAPPOOSE
33568 E. COLUMBIA AVENUE
SCAPPOOSE, OR 97056
APPLICATION FOR AMUSEMENT MACHINES**

Date: _____

Business Name: _____

Owner Name (If different): _____

Business Phone: _____

Amusement Fee:

Machine fee: _____

Total number of machines: _____ Amount due: _____

PLEASE RETURN APPLICATION ~ THANK YOU

I certify that, I as the applicant, own free and clear of all liens and encumbrances, the games, devices or equipment operated and listed on this application, and that I have listed all such machines located within the City of Scappoose City limits.

Signature of applicant: _____

Date: _____

Planning Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____

Building Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____

Police Department:

COMMENTS: _____

Signed: _____

Title: _____

Date: _____