



CITY OF FLORENCE
APPLICATION FOR BUSINESS OR EVENTS LICENSE
 250 HIGHWAY 101 • FLORENCE, OR 97439
 (541)997-3436 • FAX (541)997-6814

****APPLICATION ONLY- DOES NOT CONSTITUTE APPROVAL TO DO BUSINESS****

Type of application (check one):

COMPLETE REQUIRED
SECTIONS FULLY.
INCOMPLETE APPLICATION
MAY DELAY OR PREVENT
PROCESSING

- New Permanent Business- Complete Section(s) A, E
- One Time Job- Complete Section(s) A, E
- Seasonal or Temporary- Complete Section(s) A, B, E
- Rhododendron Festival Only- Complete Section(s) A, B, E
- Special Events- Complete Section(s) A, C, E
- Non-Profit Business- Complete Section(s) A,D, E
- Transfer of Ownership/Name-Location Change- Complete Section(s) A, E

Start Date: _____

SECTION A:

Name of Applicant: _____

Name of Business: _____

Type of Business: _____

Business Location: _____ Home Occupation: YES NO

Mailing Address: _____

Business Phone: _____ Fax: _____

Emergency Contact: Name: _____ Phone: _____

Owner Name: _____ Phone: _____

Owner Drivers License # and State: _____ Date of Birth: _____

Co Owner/Manager Name: _____ Phone: _____

Drivers License # and State: _____ Date of Birth: _____

Dates of Operation: From: _____ To: _____

Hours of Operation: From: _____ AM/PM To: _____ AM/PM or 24HOURS

List any other Federal, State, or County licenses and numbers, IE Contractors Board, etc. required for this business: _____

SECTION B: (Complete for Seasonal/Temp and Rhododendron Festival Applications ONLY)

Owner of property where business is to be located: _____

Owner Address: _____ Phone: _____

Written permission from property owner must be attached

Type of Merchandise or Services to be sold: _____

Describe utility services for site, IE Water, Restroom facilities, Electricity, etc.: _____

Describe manner and method of waste disposal: _____

Describe methods to be used for handling vehicular and pedestrian traffic: _____

Describe parking provisions at business site: _____

SECTION C: (Complete for Special Events ONLY)

Type of Event: _____

Owner of property where event is to be located: _____

Owner Address: _____ Phone: _____

Written permission from property owner must be attached

Admission Fee: \$ _____ Age Range of attendees: _____ Expected Attendance: _____

Will private security be provided for event? (circle one) YES NO

Will Food be served? YES NO

Will Alcohol be served? (OLCC License required) YES NO

SECTION D: (To be completed by Non-Profit Applicants only)

Name of Organization: _____

Organization President (If different from Applicant in Section A): _____

IRS Tax ID Number (Required): _____

SECTION E: (To be completed by ALL applicants)

I hereby affirm that the information contained in this application is true to the best of my knowledge and belief, and further state that I have obtained all necessary County, State, and Federal licenses or permits required. I acknowledge that any false or misleading information contained in this application may be grounds for a denial or delay of issuance of a license.

Pursuant to FCC 6-9-2-G I understand that my Computerized Criminal History and Driver Records will be checked, and that such data may be considered to determine my fitness to perform the licensed activity without endangering public health, safety, and welfare.

I further agree that this application alone does not constitute authorization to perform the requested activity, and I understand that such authorization is only present after receipt of written approval from the City.

Signature of Applicant _____ Date _____

ALL FEES ARE NON-REFUNDABLE

- City Use Only
- _____ Planning Dept
- _____ Public Works
- _____ City Recorder
- _____ Building Dept
- _____ Police Chief
- _____ Code Enforcement

Fee: \$ _____
Date Received: _____
Date Entered: _____
License #: _____
Date Issued: _____