



BUSINESS LICENSE APPLICATION

AS REQUIRED UNDER KLAMATH FALLS CITY CODE SECTIONS 7.005 – 7.100

Annual Business Licenses are valid from July 1 – June 30

License Type and Fee (check one)	Description
Inside City Limits <input type="checkbox"/> \$100.00 (Renewal \$ 50.00)	The business is physically located within the city limits of Klamath Falls.
Home Occupation <input type="checkbox"/> \$100.00 (Renewal \$ 50.00)	The business is physically located inside the city limits of Klamath Falls and is conducted from the business owner's residence.
Outside City Limits <input type="checkbox"/> \$100.00 (Renewal \$100.00)	The business is physically located outside the city limits of Klamath Falls, but work is conducted inside the city limits.
Temporary <input type="checkbox"/> \$ 25.00	A temporary business license is valid for 45 days starting from the date of the application. Only one temporary license is allowed per fiscal year.
Change of Owner <input type="checkbox"/> \$100.00	Changing the owner of the business, name and location remain the same.
Change of Location <input type="checkbox"/> \$ 50.00 (No fee for County Location)	The business is moving from one address to another address.
Adding a Partner <input type="checkbox"/> No Fee	Adding another person who shares in the responsibility of the business.
Name Change (Same Owner) <input type="checkbox"/> No Fee	Changing the name of the business, owner remains the same.

BUSINESS INFORMATION

Business Name		City Business License No. _____	Taxi Cab Businesses ONLY
		Contractor License No. _____	(Provide proof of insurance)
Business Address			
Mailing Address (if different than above)			
Business Phone Number		Additional Contact Name and Phone No	
Explain the Primary Nature of the Business:		Email Address	
Number of Employees (Including owner/manager)	Estimated Amount of Customer Traffic Per Day	Briefly describe any remodeling/construction to be performed at site of business	
Business Open Date	Square Footage of the Business	Will you or your business discharge any waste into the sewer other than typical household or domestic waste? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any additional buildings being used for this business? If so, for what purpose?			Describe the Parking Facilities Available for the Business

OWNER INFORMATION

(If owner is a company or corporation, attach a list of officers/members)

Owner(s) Name		Owner Phone No	
Street Address / P.O. Box		City	State Zip Code
Date of Birth		Driver's License No.	

APPROVAL OF A BUSINESS LICENSE DOES NOT IMPLY CONFORMANCE WITH APPLICABLE CITY CODES OR ORDINANCES. YOU ARE ADVISED TO CHECK YOUR PROPOSED BUSINESS, LOCATION AND STRUCTURE WITH THE APPROPRIATE AGENCIES FOR COMPLIANCE WITH CODES. BUSINESS LICENSES MUST BE RENEWED ANNUALLY AND POSTED IN A CONSPICUOUS PLACE.

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature _____ Date _____

Title _____

Phone: 541 883-5360 Fax: 541 883-5390

Please **COMPLETE** and **RETURN** to

CITY OF KLAMATH FALLS, PLANNING DEPARTMENT, P.O. BOX 237, KLAMATH FALLS, OR 97601

(FOR OFFICE USE ONLY)

Location of Business by Map, Tax Lot and Subdivision _____

Zoning: _____

Parking District: Yes No If yes, Parking District Fee Paid? _____

Previous Use / Business at this Location: _____

CODE ENFORCEMENT

Approved Denied
 Conditioned

Signature _____ Date _____

COUNTY BUILDING DEPARTMENT

Approved Denied

Signature _____ Date _____

FIRE DEPARTMENT

Approved Denied

Signature _____ Date _____

PLANNING DEPARTMENT:

Approved Denied

Signature _____ Date _____

SEWER DEPARTMENT:

Approved Denied

Signature _____ Date _____

Was this a Change Of Occupancy? Yes No

If this application is denied, please explain why ^{OR} list conditions/issues:

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