



CITY OF TROUTDALE - Standard Business License Address Change
 219 E. Historic Columbia River Hwy., Troutdale, OR 97060 - (503) 665-5175 www.troutdaleoregon.gov Fee: \$15.00

Please type or print clearly

Business License Number _____

Business Name _____ Business Phone _____
 DBA (Doing Business As) _____ Bus. Fax Number _____
 Former Location/Address _____ City, State, Zip _____
 New Location/Address _____ City, State, Zip _____
 Mailing Address (if different) _____ City, State, Zip _____

ARE YOU THE PROPERTY OWNER OF THE NEW BUSINESS ADDRESS? Yes No (If 'No', please provide the required information below):

Property Owner/Contact Person: _____ Phone: _____ Email: _____

Property Owner Mailing Address _____
(Street) (City) (State) (Zip)

SIGNATURE REQUIRED!

This form is for the purpose of changing my address only. I understand that the Planning and Building departments as well as the Gresham Fire Marshall's office may review this address change to insure that the location of this business meets all zoning and building codes and regulations. I attest that all other aspects of this business remain unchanged and remain in compliance with the City of Troutdale business license regulations.

SIGNATURE: _____ **DATE:** _____

Amt. Paid/Date _____ **Receipt#** _____

OFFICE USE ONLY

Planning Director:		Date
Planner:		Date
B.O. Review for C.O.:		Date
Gresham Fire:		Date
Zoning Code	NAICS Code	TAZ Code