



OFFICE USE ONLY
Business License Number

2026 - _ _ _ _

CITY OF TROUTDALE BUSINESS LICENSE APPLICATION

219 E Historic Columbia River Hwy, Troutdale, Oregon 97060 | Phone 503-665-5175 | www.troutdaleoregon.gov

Before you apply for a new business license, please complete the New Business Inquiry Form found online (www.troutdaleoregon.gov/econ-dev/page/business-license-initial-inquiry-form) to verify that your business use is permitted at its location and that all required building permits to operate onsite have been obtained.

All businesses and individuals operating within city limits must comply with the City's building, zoning, fire, and police safety requirements. It is the licensee's responsibility to comply with the zoning and building regulations of the City and State.

PLEASE PRINT CLEARLY

Business Name: _____

DBA (if applies): _____

Business Classification (Check One): ☐ Corporation ☐ LLC ☐ S. Corp ☐ Sole Proprietor

Business Description: _____

Email Address: _____ Business Phone: _____

Physical Business Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Detailed Business Description: _____

MAIN CONTACT: Business Owner ☐ Local Manager ☐ Partner ☐ Corporate Contact ☐ Other ☐ _____

Title: _____ Name: _____

Email Address: _____ Primary Phone: _____

Mailing Address: _____ City/State/Zip: _____

Birthdate: _____ Drivers License #: _____ State: _____

LOCAL CONTACT: Local Manager ☐ Other ☐

Title: _____ Name: _____

Email Address: _____ Primary Number: _____

Mailing Address: _____ City/State/Zip: _____

PROPERTY OWNER: If your business address is in Troutdale, please provide the required information below

Property Owner Name: _____

Email Address: _____ Primary Phone: _____

Mailing Address: _____ City/State/Zip: _____

IF YOUR BUSINESS IS IN THE CITY OF TROUTDALE, PLEASE COMPLETE:

Number of Employees (include self): Full Time: _____ Part Time: _____

Days and Hours of Operation: _____

Number of Employees who do not utilize on-site parking – they walk, bike, use transit, carpool, or use a ride share service like Uber to get to work: _____

Businesses that employ fifty or more employees that provide free or subsidized parking to their employees at the workplace are required to provide a flexible commute benefit of fifty dollars per month to those employees who regularly commute via non-driving modes, who do not utilize the free or subsidized vehicle parking of their employer, per Oregon Revised Statute (ORS) 660-012-0445(1)(a)(C).

_____ Initial that you have read and understand the ORS 660-012-0445 (1)(a)(C).

PLEASE SELECT ONE THAT DESCRIBES YOUR BUSINESS BEST:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Auto Service/Sales | <input type="checkbox"/> Bakery | <input type="checkbox"/> Beauty Salon/Services |
| <input type="checkbox"/> Business Consulting | <input checked="" type="checkbox"/> Catering/Food Service | <input type="checkbox"/> Child Care | <input type="checkbox"/> Cleaning Services |
| <input type="checkbox"/> Coffee Shop | <input type="checkbox"/> Computer Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Dry Cleaners | <input type="checkbox"/> Insurance/Finance | <input type="checkbox"/> Landscape | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Medical Services | <input type="checkbox"/> Restaurant Sit-Down |
| <input type="checkbox"/> Restaurant Take-Out | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retail | <input type="checkbox"/> Other |

REGIONAL AND STATE REGISTRATION & LICENSING

Metro Contractor #: _____ Construction Contractor's Board #: _____

Landscape Contractors Board #: _____ Plumbing/Electrical State Registration #: _____

PLEASE READ CAREFULLY BEFORE SIGNING THE APPLICATION:

I certify that the information contained herein is true to the best of my knowledge. I agree and understand that the City of Troutdale, in evaluating this application, may review my criminal history and the criminal history of any employee who is going to work for the business, which is the subject of this license. I agree to abide by all applicable codes and ordinances of the City of Troutdale and to correct any hazards or violations as they may pertain to the above business. I further acknowledge that failure to obtain approval for the proposed use prior to operation of my business at this location could result in enforcement action being taken against me by the City of Troutdale. The issuance of the license does not guarantee that the site or use conforms to the City of Troutdale's land use regulations.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Additional forms for your business may be necessary if you are a Peddler / Solicitor, a person who leases three or more units of residential real estate within the City Limits, or a Landscape Maintenance Company not subject to regulation by the Oregon Landscape Contractors Board.

FOR OFFICE USE ONLY

Business License Fee: \$80.00 Receipt Number: _____ Date: _____ NAICS Code: _____

MCSO Review: _____ Copy to GFD _____

Please return the completed business license application to Troutdale City Hall at 219 Historic Columbia River Highway. If you have questions, call: (503) 665-5175