

CITY OF ROSEBURG BUSINESS REGISTRATION



900 SE DOUGLAS
ROSEBURG, OR 97470 - (541) 492-6866
\$150.00 NON REFUNDABLE FEE

**Entire application must be complete.
Incomplete forms will not be processed.
If a question is not applicable, write N/A.**

Registration License #:
BR _____ - _____

BUSINESS NAME _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

BUSINESS ADDRESS _____ CITY _____ STATE _____

MAILING ADDRESS (If different than above) _____

IS THIS BUSINESS A REGISTERED NON-PROFIT YES NO IF YES, ADD A COPY OF NON-PROFIT REGISTRATION

TYPE OF BUSINESS: RETAIL OFFICE SERVICE HOME BASED WHOLESALE MANUFACTURING

WAREHOUSE STORAGE UNITS DOOR TO DOOR SALES OTHER _____

DESCRIBE YOUR BUSINESS, PLEASE BE SPECIFIC _____

IS THIS SPACE SHARED WITH ANOTHER BUSINESS? YES NO IF YES, WHO _____

WHAT BUSINESS WAS PREVIOUSLY LOCATED AT THIS ADDRESS _____

HAS THE BUILDING OR SPACE BEEN VACANT FOR MORE THAN 6 MONTHS YES NO

ARE YOU CHANGING, ADDING OR REMOVING A SIGN? YES NO

IS THIS NEW CONSTRUCTION YES NO IF NO, DO YOU PLAN ON MAKING CHANGES TO THE BUILDING OR SITE

YES NO IF YES, PLEASE DESCRIBE _____

Generally registrations are issued within 10 business days; however, construction or remodeling may cause a delay and require additional permits. Applicants are encouraged to contact Community Development at (541)492-6750 for more information.

Vending Cart Information (Only complete if you have a vending cart business)

SELLING OR PREPARING FOOD? YES NO SELLING OR DISPENSING ALCOHOL? YES NO

WILL YOU BE OPERATING A VENDING CART? YES NO IF YES, WILL THE CART BE: MOBILE YES NO

STATIONARY YES NO IF YES, LIST LOCATION(S) YOU HAVE BEEN APPROVED TO PARK YOUR CART _____

DOES YOUR CART REQUIRE ELECTRICITY YES NO PROPANE GAS YES NO OTHER _____

(Vending carts need further approval from the Fire Marshal, Community Development or Parks depending on location. Please review vending cart information before choosing a location or beginning your business.)

The following information must be completed for all persons having an ownership interest in the business, including owner, partner, associate or lessee – but not including a shareholder in a publicly owned corporation. List additional persons on separate page in the following format.

1. FIRST NAME/MID INITIAL/LAST NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER LICENSE# & STATE: _____ JOB TITLE: _____

PERSONAL PHONE #: _____ EMAIL: _____

2. FIRST NAME/MID INITIAL/LAST NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DRIVER LICENSE# & STATE: _____ JOB TITLE: _____

PERSONAL PHONE #: _____ EMAIL: _____

BUSINESS DAYS/HOURS OF OPERATION _____

IF TEMPORARY, DATES OF OPERATION _____

TARGET OPENING DATE _____

Is your business incorporated? YES NO If yes, please provide a separate sheet of paper including business name, address, corporate officers, phone numbers and registered local agent.

Have you ever had a business license suspended or revoked? YES NO If yes, please explain: _____

Has any person with ownership interest in the business been convicted of a felony within the last 7 years? Yes No

If yes, whom? _____

Has any person with ownership interest in the business been convicted of a misdemeanor within the past 7 years relating to fraud, theft or any activity connected to the business to be conducted? Yes No

If yes, whom? _____

If you answered 'yes' to either of the above questions, please provide a separate sheet of paper to explain the felony or misdemeanor including dates and how this conviction is not applicable to the business for which you are applying.

****The attachment will not be part of the public record.**

As applicant for a City of Roseburg business registration, I hereby certify that I understand the requirements of RMC 9.02 are available upon request and I must comply with all state and federal bonding and licensing requirements in connection with my business.

Applicant's Signature

Date

Co-Applicant's Signature

Date

YOU MUST NOTIFY THE CITY RECORDER'S OFFICE OF TELEPHONE NUMBER CHANGES OR IF THE BUSINESS CLOSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A NEW REGISTRATION

For Office Personnel Only

Date application received _____

RECEIPT # _____ HOME OCCUPATION _____ OUTSIDE CITY _____ Prior BR at site _____

Comm. Dev. - Yes ___ No ___ Date: ___/___/___ Zoning _____ Parcel number (R#) _____ By _____

Fire - Yes ___ No ___ ___/___/___ By _____ Self Inspection Brochure Sent: ___/___/___ Inspection by Fire Marshal: ___/___/___

Change of Use Required - Yes ___ No ___ County Building Dept. Approval - Yes ___ No ___ Date: ___/___/___ By _____

Police - Yes ___ No ___ Date: ___/___/___ By _____ Approval Yes ___ No ___ (If No, attach memorandum outlining denial)

THIS APPLICANT HAS MET THE REQUIREMENTS FOR BUSINESS REGISTRATION PURSUANT TO THE ROSEBURG MUNICIPAL CODE

Roseburg City Recorder or Designee

Date

Revised 6/2020

BUSINESS NAME: _____ **BR#** _____

Notes:

