



Business License Application - General Business

265 Strand Street, St. Helens, OR 97051 | 503-397-6272 | www.sthelensoregon.gov

Business Name: _____

Owner Name: _____

Address: _____

Owner Address: _____

City/State/Zip: _____

Owner Phone: _____

Business Phone: _____

Business Contact Name: _____

Business Email: _____

Relation to Business: _____

Mailing Address (If Different):

Please give a brief business description. What specific activity are you conducting as your business?

City/State/Zip: _____

No. of Rental Units (if applicable): _____ Residential

_____ Commercial

No. of Employees (FTEs): _____ FTE

Are you a non-profit: Yes No

Home-Based Business: Yes No

Located within City limits? Yes No

Temporary Business? (<60 Days) Yes No

Concession/Sales on City Property or right-of-ways? Yes No

State License Required?

CCB # _____ Plumber License # _____

Manuf. Dwell. Install #: _____

Other License #: _____

State Registry #: _____

Does your business have anything to do with selling Marijuana as a Producer, Processor, Wholesaler, Retailer, or Medical Canopy? If yes, please fill out the secondary MJ application.

Is your business a secondhand or pawn store? If yes, please fill out secondary application.

Yes

No

Emergency Contact: _____

HOME-BASED BUSINESS ONLY - Please answer all of the following questions to see if a Home Occupation Permit is required.

Is your business a garage sale? Yes No

Is your business for-profit production of produce or other food product grown on the premises? * Yes No

Is your business a hobby that does not result in payment to those who use your services? Yes No

* If Yes, Please contact the Planning Department to discuss.

If you answered YES to any question above, you do not need a Home Occupation Permit.

Does your business exhibit any evidence that it is taking place at your home? Yes No

Do you have any volunteers or employees who are not considered principle residents of the home? Yes No

Do you have any exterior signs for the business on the home or property (excluding vehicle marketing)? Yes No

Will your business have any customers visiting your home? Yes No

Does your business include or require any outdoor storage of materials? Yes No

Will your business exceed 600 Sq. Ft. of an accessory structure (detached shed or garage)? Yes No

Will your business exceed 25% of the combined residence and accessory structure gross floor area? Yes No

If you answered NO to the above 7 questions, you do not need a Home Occupation Permit.

This application will be reviewed by the City's Building and Planning Departments. If further information is needed, departments will contact you directly via phone and/or email with their requests for more information. You may be asked to submit additional forms/applications if necessary.

Wastewater Environmental Survey - Please check all categories that apply to your business:

Retail

Manufacturing

Dentistry/Orthodontics

Food Service

Fuel Dispensing

Auto Repair/Detailing/Car Wash

Medical/Veterinarian

Machining/Metal Working

Does your business discharge anything other than *domestic discharge*?

Yes

No

If Yes, explain what it is used for, where and how it is collected and disposed of:

Does your business have the potential to discharge wastewater containing any of the following materials?

Acid

Metallic

Color Dyes

Soaps/Detergents

Alkaline

Amalgam/Mercury

Toxic Organics

Medicine/Rx

Fats/Oils/Grease

Hot Water _____ Degrees

None

Does your business have any floor drains, catch basins, sumps, sinks, or any other outlets to the sanitary sewer in your manufacturing, production, or storage areas?

Yes

No

Does your business use or store any chemicals in quantities great than 25 gallons?

Yes

No

Is there a potential for runoff to enter a drain where materials or chemicals are handled/stored?

Yes

No

If yes, explain:

Will your business have the potential to discharge wash water?

Yes

No

If yes, explain:

What is the estimated water usage per day? _____

NOTES:

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct.

Applicant Signature

Date of Signature

FOR OFFICE USE ONLY

Received By: _____

Date: _____

Planning Dept Initials: _____

Building Dept Initials: _____

Waste Water Emailed: _____

Amount Paid: _____

Date: _____

Receipt #: _____