

**YAMHILL COUNTY
APPLICATION FOR A BUSINESS LICENSE**

New Application []

Renewal Application []

Date: _____ License Expires: _____

License Type: Peddler [] 2nd-Hand [] Junk [] Pawnbroker []

Other: _____

Merchandise/Service Offered: _____

Name of Applicant: _____ Date of Birth: _____

Address of Applicant: _____

Business Name: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Tax Lot Number of Business Location: _____

I, the undersigned, do hereby affirm/swear that the information on this application is true. I hereby authorize Yamhill County Officials, including the Yamhill County Sheriff, to conduct an investigation into my background, for the purpose of this application, and hereby authorize the release of information to the Yamhill County Clerk.

Signature of Applicant: _____

List co-applicants, partners or officers of a corporation if any:

Name & Title	Address	Phone
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List all convictions for violation of any city or county ordinance and/or state or federal laws for applicant(s), partners and/or officers listed above. (Exclude minor traffic violations)

**Applicants for a Peddler or Itinerant Merchant License
must complete the following items of this application**

List all the states in which you or your business engaged in solicitations of business during the past 6 months.

List the names and addresses of all persons employed by your business for work in Yamhill County in areas outside of the incorporated limits of the cities.

Name & Title	Address	Phone

If applicant represents a firm or corporation, list the name and address of the corporation:

Name	Address	Phone

NOTICE: Second-hand dealers, junk dealers, and pawnbrokers are subject to Yamhill County Business license Ordinance, Section 6.1 requiring the keeping of certain records. (See information brochure)

FOR ADMINISTRATIVE USE ONLY			
<u>Application Referred to:</u>		<u>Date</u>	<u>Report</u>
Planning		_____	_____
Sheriff		_____	_____
_____		_____	_____
License:	Issue Date: _____	By: _____	Fee: _____
	Denied Date: _____	By: _____	