



# APPLICATION FOR CITY DEALER'S PERMIT

1924 COUNCIL ST \* PO BOX 326 \* FOREST GROVE, OR 97116-0326

PH (503) 992-3200 \* FAX (503) 992-3199

BL@FORESTGROVE-OR.GOV \* WWW.FORESTGROVE-OR.GOV

**This application must accompany the City Business License Application if selling used goods.**

Business Information	Business Owner and Contact Information
Business Name	Owner Name
DBA Name (if different)	Owner Address
Business Site Address	City, State, Zip
City, State, Zip	Owner Phone
Business Phone	Business Contact Name
Business Email	Business Phone and Contact Relation to Business
Business Mailing Address (if different)	Business Contact Name
City, State, Zip	Business Phone and Contact Relation to Business

Please list all web pages used to acquire goods or offer them for sale, including internet auction account names

**Personal History** (must be filled out for each employee, attach additional sheets as necessary)

	Name	Principal Occupation	Address City, State, Zip	Phone Number	Date of Birth*
Owner/Partner/ Employee # 1					
Owner/Partner/ Employee # 2					
Owner/Partner/ Employee # 3					

*\*All owners or principal managers must be at least 18 years of age*

**Type of Ownership**

Corporation     LLC     LLP     Sole Proprietor     Partnership     Non-Profit

- If a partnership, application must include the names, principal occupations, addresses, phone numbers, birth dates, along with all other information required of any individual applicant, or each partner, whether general, limited, or silent and the respective ownership shares owned by each;
- If a corporation, or limited liability company, the application must set forth the corporate or company name, copies of the articles of incorporation or organization and the corporate by-laws or operating agreement, and the names, addresses, dates of birth, phone numbers, and principal occupations, along with all other information required of any individual applicant, of every officer, director, members or managers, and shareholder (owning more than 5% of the outstanding shares) and the number of share held by each.

Indicate all arrests or convictions of each principal owner, partner or manager (attach additional sheets as necessary)		
	Name	Arrest or Convictions
Owner/Partner/ Employee # 1		
Owner/Partner/ Employee # 2		

**Business History for Each Owner/Principal Parter/Principal Manager** (Please include history for the 3 years immediately preceding the date of this application, attach additional sheets as necessary)

Owner/Principal #1		Business Occupation or Employment
Name	Last year	
	2 years ago	
	3 years ago	

Owner/Principal #2		Business Occupation or Employment
Name	Last year	
	2 years ago	
	3 years ago	

Owner/Principal #3		Business Occupation or Employment
Name	Last year	
	2 years ago	
	3 years ago	

**Permit History or Business License History in operating a business identical or similar to this one** (attach additional sheets as necessary)

Business #1 Name	Jurisdiction	License and/or Permit No.
Incidents (revoked, suspended, reasons)		Resolution
Business activity subsequent to incident		

Business #2 Name	Jurisdiction	License and/or Permit No.
Incidents (revoked, suspended, reasons)		Resolution
Business activity subsequent to incident		

- If the applicant does not own the business premises, a true and complete copy of the executed lease (and the legal description of the premises to be permitted) must be attached to the application

**Attachments** (Please check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Personal History for additional owners/partners/employees            | <input type="checkbox"/> Additional Permit/Business License History |
| <input type="checkbox"/> Additional Business History for additional owners/partners/employees | <input type="checkbox"/> Copies of Articles of Incorporation        |
| <input type="checkbox"/> Additional Information for Corporate Officers or Directors           | <input type="checkbox"/> Corporate By-Laws or Operating Agreement   |
| <input type="checkbox"/> Executed Lease for leasing business premises                         | <input type="checkbox"/> Other: _____                               |

**Business License Fee Calculation**

Application Fee - includes a new application fee (A) + the business license fee (B)

A. Dealer's Permit Application Fee	\$ 20.50	\$ <u>20.50</u>
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**Payment must be a separate payment from the General Business License application payment. Payment must be included with application in the form of cash, check, or money order made payable to the City of Forest Grove.**

Payment must be included with application in the form of cash, check, or money order made payable to the *City of Forest Grove*.

- This Dealer's Permit application will be reviewed and approved or denied by the Forest Grove Police Department
- Upon request, the principal owners, partners or managers, and employees, shall submit to the Forest Grove Police Department fingerprints, passport size photographs, a copy of the signature initials to be used by persons on article transaction report forms, and any other information that the Chief of Police or designee may reasonably feel is necessary to accomplish the goals of Forest Grove Municipal Code Title XI: Chapter 110: Code 110.045 through 110.056
- A City Business License is required to operate a business within Forest Grove city limits, and is in addition to and separate from this Dealer's Permit. The fee for the Business License is non-refundable. See website for more information at [www.forestgrove-or.gov](http://www.forestgrove-or.gov)

Signature of Authorized Agent	Printed Name and Title	Date

**Office Use Only**

Date received	Received by	Routed to Police Dept



## POLICE ADDENDUM FOR CITY DEALER'S PERMIT

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City of Forest Grove Police Department

The following information is necessary for the processing of your business license application.

**Please complete & submit one addendum form per Owner**

Business Information	Business Owner and Contact Information
Business Name	Business Site Address
Owner's Full Name	Owner's Date of Birth
Owner's Social Security #	Owner's Drivers License #/State
<ul style="list-style-type: none"> <li>● By signing below I authorize the City of Forest Grove Police Department to run a criminal background check for the purpose of business licensing.</li> </ul>	
Signature of Business Owner	Date

Finance Department Use Only		
Date received	Received by	Routed to Police Dept

Police Department Use Only					
Records:	_____ CCH	_____ DMV	_____ LEDS	_____ PPDS	_____ RMS
Police Department Approval	_____			Date	_____
Police Department Denial	_____			Date	_____
Please return this form to the Finance Department as soon as possible					