



Application for City License

City of Baker City
 PO Box 650
 Baker City, OR 97814
 541-524-2033

Investigation Fee for City/County Resident: \$10.00

Date Paid: _____

Investigation Fee for all others: \$50.00

Approved: Y or N by: _____

Type of Licenses (select one)

- | | | |
|---------------------------------------------|-------------------------------------|----------------------------------------|
| <input type="checkbox"/> Transient Merchant | <input type="checkbox"/> Bazaar | <input type="checkbox"/> Circus |
| <input type="checkbox"/> Trade Show | <input type="checkbox"/> Pawnbroker | <input type="checkbox"/> Carnival |
| <input type="checkbox"/> Peddler | <input type="checkbox"/> Auctioneer | <input type="checkbox"/> Mobile Vendor |

Applicant Information - (must be legible)

Business/Organization Name:		
Business Address:		
Applicant/Owner's Name:		
Applicant/Owner's Address:		
Phone:	Driver's License #:	State:
DOB:	Height/Weight:	Eyes/Hair:

Criminal History

List ALL criminal arrests & convictions: (if additional room is needed, attach separate page)

Charge	Where	When
1.		
2.		

Activity Description

Description of Goods/Service Offered: Food/Beverage: Must attach a copy of the State of Oregon Health License	
Location of Business in Baker City:	
Length of time requested to do business in Baker City:	

Business Vehicle Description

Make:	Model:	
Color:	State:	License Plate:

References

Name at least two Baker County, Oregon property owners who can certify to the applicant's character and business responsibility; or in place of those names, the applicant can provide any other available and verifiable evidence as to their character and business responsibility.

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Authorization

The answers to each and all of the above questions are true and complete to the best of my knowledge and belief. I am aware that any misstatements of material fact may cause the rejection of the application, and I may be disqualified from receiving any license from Baker City. I also certify that I have read and understand the attached rules and regulations, which are related to my license and activity.

Signature: _____

Date: _____