



BUSINESS LICENSE APPLICATION

CYCLE RUNS JUNE 30 TO JUNE 30 EACH YEAR;
 LICENSES MUST BE RENEWED ANNUALLY BY JUNE 30TH.

- 5.18 Marijuana Dispensary License →
- 5.20 Drug Paraphernalia Sales →
- 5.40 Secondhand Buyers and Sellers →
- 5.32 Peddlers and Street Vendors →

- Provide Copy of Oregon Driver's License
- Provide Copy of Oregon Driver's License
- Provide Copy of Oregon Driver's License
- Provide Copy of Oregon Driver's License
- Provide High-Resolution Color Photo
Showing Head/Neck Only

AUTHORIZED REPRESENTATIVE INFORMATION

Legal Name (First, Middle, Last):		
Former Names/Aliases (First, Middle, Last):		
Permanent Address Where You Receive Mail:		
Contact No.:	Driver's License No.:	State:
SSN (last 4): XXX-XX-	Email:	DOB:
Has your driver's license ever been suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		

BUSINESS INFORMATION

Legal Business Name:	DBA (if applicable):
Physical Address of Business:	City, State, Zip:
Phone Number of Business:	Nature of Business:
Business Owner Name:	Product(s) Being Sold:
Business Owner Contact No.:	Non-Profit Organization? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes*
Marijuana only: Oregon Dispensary Number (MMD #):	[attach copy of license]
Pawnbrokers only: DCBS License #:	[attach copy of license]

*submit proof of 501C from IRS

List any arrests/convictions in the past five years, and what agency was involved (use additional sheet if necessary):

Arrests	Agency Involved

THE CITY THAT FRIENDLINESS BUILT

I understand that the City of Lebanon and/or its agents will investigate my background including (but not necessarily limited to) a criminal history report, and will rely on all relevant information in making a decision on whether to grant the license requested.

I hereby declare, under penalty of perjury, that the information contained on this application form is, to the best of my knowledge, information and belief, true and correct.

Authorized Signature: _____ Date: _____

Print Name: _____

PEDDLERS AND STREET VENDORS ONLY

Period of time during which solicitation is to be carried out: _____ to _____

By submitting this application, the applicant is acknowledging and agreeing to the following:

- I understand that all licensed employees of the business must keep a copy of the city-issued badge on their person.
- I understand I am prohibited from entering upon private property that has been posted “no trespassing” or “no soliciting”.
- I understand I am prohibited from continuing to solicit to a person who has declined a request.
- I understand this peddler’s license is non-transferable.

I understand I may not obstruct traffic along any sidewalk, bike path, or street unless written approval is granted by the City.

Return completed application form and required documents (**head/neck photo/driver’s license image**) to awaite@ci.lebanon.or.us or mail hard copies to *Lebanon Police Department, Attn: Business License Applications, 40 North 2nd Street, Suite 100, Lebanon, Oregon 97355. **In-person processing by appointment only.** Please call 541-258-4912 to set up an appointment and/or make your payment in person.*

Payments may be made online for your convenience via https://ipn.paymentus.com/rotp/cmjx or by using our QR code		Fees (Annually)	
		Peddlers and Street Vendors	\$50.00
		Drug Paraphernalia Sales	\$75.00
		Secondhand Buyers and Sellers	\$75.00
		Marijuana Dispensary License	\$250.00

For Office Use Only					
<input type="checkbox"/> APPROVED		<input type="checkbox"/> NOT APPROVED			
Chief of Police Signature: _____			Date: _____		
Date Received:		Fee Amount:		Date Processed:	
Staff Initials:		Paid Date:		Processed By:	

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