

COMMERCIAL LOCATION

Business Packet for new businesses being operated from a commercial location and inside City limits.

Included in packet:

Business License Checklist

Business License Application

General Land Use Application

Environmental Screening Survey

If you have any questions about the enclosed forms, please contact Crystal Farnsworth by e-mail crystal@ci.st-helens.or.us or call 503-366-8215.

Thank you.

City of St. Helens

Business License Checklist

The following may be needed before operating or moving your business
inside St. Helens City limits.

Agency/Description	Location to Inquire/Obtain Permit	Yes	No	N/A
Business License Application <i>Municipal Code Chapter 5.04</i> Required for anyone conducting business inside City limits	St. Helens City Hall 265 Strand Street www.ci.st-helens.or.us 503-397-6272			
Planning Department <i>Municipal Code Chapter 17</i> Land Use regulations - Home Occupation Permit; Conditional Use Permit; Site Design Review; Sign Permit; etc. PROPERTY OWNER APPROVAL REQUIRED				
Building Department <i>Municipal Code Chapter 15</i> Building Permits - Change/Renewal of Occupancy; Remodeling; New Construction; Sign Permit; etc.				
Public Works/Engineering/Wastewater Treatment Plant Utilizing Right-of-Way (i.e. streets, sidewalks, parking); Storm Drainage; Sewer; Environmental Screening Survey; etc.				
Administration Department Public Passageway Permit (i.e. placement of objects on sidewalks, streets, and other right-of-ways); Enterprise Zone benefits; Taxi Cab License; Taxi Cab Driver License; SDC Installment Payments; etc.				
Police Department Taxi Cab Businesses; Second Hand Dealers; etc.	150 S. 13th Street 503-397-3333			
Columbia River Fire & Rescue Oregon Fire Code as administered by the Fire Marshall	Administration Offices 270 Columbia Blvd. St. Helens 503-397-2990			
Columbia County Land Development Services Electrical Permits; etc.	Columbia County Courthouse 230 Strand Street www.co.columbia.or.us 503-397-1501			
Columbia County Road Department County road access; work in County right-of-way; etc.	1054 Oregon Street www.co.columbia.or.us 503-397-5090			
Columbia County Assessor's Office Property Assessment; etc.	Columbia County Courthouse 230 Strand Street www.co.columbia.or.us 503-397-2240			

Agency/Description	Location to Inquire/Obtain Permit	Yes	No	N/A
Columbia County Public Health Food Handlers Permit, etc.	2370 Gable Road St. Helens 503-397-4651			
State of Oregon Corporation Division Register Business Name	503-986-2200 www.filinginoregon.com			
Oregon Landscape Contractors Board (LCB) Oregon law requires that all landscape contracting businesses who work on residential and nonresidential property in Oregon be licensed with the LCB.	503-378-5909 http://www.lcb.state.or.us/			
Oregon Construction Contractors Board (CCB) Oregon law requires anyone who works for compensation in any construction activity involving improvements to real property be licensed by the CCB.	503-378-4621 http://www.oregon.gov/CCB/			
Oregon Liquor Control Commission (OLCC) Serving or Selling Alcohol, either on-site or off-site	800-452-6522 http://www.oregon.gov/OLCC/service_permits.shtml			
Oregon Department of Transportation (ODOT) Highway 30 access; Railroad access	ODOT Region 1 503-731-8258 ODOT District 2A 503-229-5002 ODOT Rail 503-986-4230			
Oregon Department of Environmental Quality (DEQ) Environmental Issues	800-452-4011			
Oregon Department of State Lands (DSL) Sensitive Lands (wetlands, waterways)	503-378-3805			
U.S. Army Corps of Engineers Sensitive Lands (wetlands, waterways)	503-808-4373			
U.S. Department of Justice Bureau of Alcohol, Tobacco, Firearms, and Explosives Firearm Sales	866-662-2750 www.atf.gov			

By signing below I acknowledge that I have received this checklist and am aware that there may be additional City, County, State, Federal, and local agency regulations in addition to the Business License requirement. I will not hold the City liable for any regulations inadvertently omitted from this checklist.

Signature

Date

Printed Name

Business Name

Note: Check the St. Helens website for help or to cross check names, addresses, and contact numbers of staff.

Phone: (503)397-6272
Fax: (503)397-4016

BUSINESS LICENSE APPLICATION

CITY OF ST. HELENS
265 Strand, P.O. Box 278
St. Helens, OR 97051

OFFICE USE:

Approval/Effective Date: _____

Business License No.: _____

St. Helens Municipal Code Chapter 5.04 requires anyone conducting business within the City to be licensed. Applications must be submitted at least 30 days prior to the date the license is requested to be effective, otherwise applicant is subject to the Late Application Fee. Licenses shall be valid until the 31st of December following date of issuance. The applicant certifies that he or she will comply with all applicable Federal and State laws as well as all ordinances of the City of St. Helens relating to the regulation of his or her business activity. In the event additional persons are employed by the applicant within the City necessitating an additional fee, it shall be the responsibility of the applicant to apply for a supplementary license and pay the additional fee. Business License Fees not paid by February 1st will be assessed a penalty of \$20.00 per month as long as the fee remains delinquent.

Please type or print information. Illegible applications will delay processing.

PLEASE CHECK APPLICABLE:

- This is an initial application.
- I am no longer in business.
- I am a non-resident business & will renew my license when I work.
- I do not plan to renew this renewal year.
- I do not plan to renew next renewal year.
- I don't plan to work in St. Helens, so please remove me from your database. I will reapply when and if I do work in St. Helens.

Business Name: _____

Business Phone: _____

Business Address: _____

E-Mail Address: _____

City, State, Zip: _____

No. Employees: _____

Mailing Address: _____

No. Residential Rental Units: _____

City, State, Zip: _____

No. Commercial Rental Units: _____

Applicant Name: _____

Owner Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Applicant Phone: _____

Owner Phone: _____

Applicant DOB: _____

Owner DOB: _____

Driver's License No: _____ Issuing State: _____

Driver's License No: _____ Issuing State: _____

**If the business is a corporation, partnership, or a limited liability company, please provide the information required above for the owner for each officer, director, partner, manager etc. not listed above. *If more space is needed, please fill out the addendum sheet or attach an additional page with the information.*

Nature of Business: _____ Home Occupation? Yes No; Approval date: _____

State license required? Yes No If not listed below, what type: _____ Lic. No. _____

Contractors Board (CCB) Lic. No. _____ Plumb. Lic. No. _____ Manuf. Dwell. Install. Lic. No. _____

IN THE EVENT OF A BUILDING EMERGENCY, CALL:

1. Name: _____ Phone: _____ After Hours Phone: _____

2. Name: _____ Phone: _____ After Hours Phone: _____

By signing this application, I declare that the information I have provided is true and correct and is made under the penalty of perjury and false swearing. False swearing is a Class A misdemeanor punishable by up to 365 days in the county jail and a \$6,250 fine.

Date Submitted _____ Signature _____ Title _____

OFFICE USE ONLY

Fee Type # _____ \$ _____

Employees (excluding 2 owners or emp) X \$5.00 = \$ _____

Late Application or Late Renewal Fee, if applicable = \$ _____

Total fee due: \$ _____

Cust. # _____

Date Paid _____ Amount Paid \$ _____

Receipt No. _____

7-Day License:

From _____ to _____

7-Day Renewal Dates:

From _____ to _____

If this license is for any of the following purposes, please contact City Hall for additional requirements:

- ◆ Business operated out of residence and inside city limits
- ◆ Taxicab Company
- ◆ Sidewalk Vendor
- ◆ 2nd Hand Dealers / Pawnbrokers
- ◆ Petting Zoo, Animal Display or Parade

Business License Fee Schedule

Fee Type	Amount	(Fees are nonrefundable)
1. Resident Business - ☛ business location is inside St. Helens City Limits \$55 annual fee plus \$5.00 per full-time employee in excess of two devoting the principal part of his/ her time to such business. Average number of persons regularly employed by said business during the year immediately preceding the year for which the application for license is made. This average shall be computed by adding all regular employees listed on the quarterly social security reports during the year and dividing this total by four. If the firm or business makes a different number of social security reports than four, the average shall be computed by dividing by the number of reports made.	\$55.00 + \$5.00	per calendar year per full-time employee or two part-time employees <i>Not to exceed a maximum of \$1000 annually.</i>
2. Non-Resident Business - ☛ business location is outside St. Helens City Limits	\$100.00 Flat Fee.	per calendar year Do Not pay per employee.
3. Residential Rentals (2 or more rental units) - Submit address list of all rental units. Includes houses, multifamily (duplex = 2 units, triplex = 3 units), apartments, hotel, motel. This cannot be combined with another type of business license.	\$10.00	per unit
4. Commercial Rentals - Submit address list of all rental units. This cannot be combined with another type of business license.	\$40.00	per unit
5. Delivery Service Only for Non-Resident Business	\$50.00 Flat Fee.	per calendar year Do Not pay per employee.
6. 7-Day License - May be renewed one time for a total of 14 days. These fees cannot be applied toward annual fee.	\$25.00	per calendar year
7. Mobile Home Park	\$4.00	per space
8. Taxicab Company Permit – initial fee	\$35.00	initial application
9. Taxicab Driver Permit – initial fee	\$35.00	initial application
10. Taxicab Driver Permit – renewal fee	\$20.00	per calendar year
11. Late Application Fee – Fail to file the application 30 days prior to the date the license is requested to be effective.	\$15.00	
12. Late Renewal Fee – Fail to renew an annual business before February 1 st of the license year.	\$20.00	per month after Feb. 1st
13. Transfer of License/Change of Business Ownership	\$10.00	
14. Non-refundable Appeals Fee	\$125.00	
15. OLCC Original Application Processing Fee	\$100.00	
16. OLCC Change in Ownership, Location, or Privilege Processing Fee	\$75.00	
17. OLCC Renewal or Temporary Application Processing Fee	\$35.00	
18. Sidewalk Vendor Application Fee	\$60.00	non-refundable
19. Sidewalk Vendor Permit Fee	\$75.00	
20. Sidewalk Vendor Appeal Fee	\$75.00	
21. Sidewalk Vendor Renewal Fee – Applies only to valid permits. If you have an invalid permit, you will need to begin the application process over again.		No fee unless permit is invalid

- ❖ Businesses granted licenses **after June 30th** shall pay 50% of the appropriate license fee total.
- ❖ Businesses granted licenses **after September 30th** shall pay 25% of the appropriate license fee total.
- ❖ The Change of Ownership/Re-Issue fee is \$10.
- ❖ Secondhand Dealers/Pawnbrokers and Taxicab companies are required to register their businesses on a separate application, in addition to this business license. Contact City Hall for appropriate forms to complete.
- ❖ **If you do not pay before February 1st, you will be assessed a late fee.**

Example: Mr. Smith comes in to get his Resident Business License renewed on May 15th, although he has been operating his business since January 1st of the year. He has two full-time employees in addition to himself. He will be assessed a \$20 late fee for the months of February, March, April, and May.

Example:

Fee Type 1	\$	55.00
Plus 2 FT employees:		+ 0.00
Total Fee	\$	55.00
Late Fee	\$	+ 80.00 (\$20 x 4 months)
TOTAL DUE	\$	145.00*

* Do not pay this amount!! This is an *example* only!!

City of St. Helens General Land Use Application

PLEASE PRINT ♦ COMPLETE ALL BOXES ♦ USE ADDITIONAL PAPER IF NEEDED

Applicant Name(s):	Property Owner Name(s):
Applicant Mailing Address:	Property Owner Mailing Address:
Applicant E-mail Address:	Property Owner E-mail Address:
Applicant Telephone No.:	Property Owner Telephone No.:

PROJECT INFORMATION

Assessor's Map & Tax Lot No.: <i>See your property tax statement</i>	Site Address: <i>Street name if # not assigned</i>
Subdivision Name: <i>If applicable</i>	Block No.: <i>If applicable</i> Lot No.: <i>If applicable</i>
Request for: <i>See Land Use Fee Schedule, attached, for application types</i>	Zoning:
Number of Lots Involved:	Applicable Square Footage: <i>Lot or building sq. ft.</i>
Description of Land Use Request: <i>Examples:</i> 1. Move north property line 5 feet south; or 2. Construct fourplex; or 3. Construct new shop/garage; or 4. Allow side setback to be 4 feet instead of 5 feet due to topography of lot; or 5. Use home office for... (insert type of business)	

Attach the following:

1. Responses to applicable criteria (per Community Development Code)
2. Required drawings, maps, etc. (per Community Development Code)
3. Proof of ownership or authority to make application (i.e. tax assessor record or title)
 - a. **All** property owners must sign the subject land use application; **or**
 - b. Submit a signed power of attorney; **or**
 - c. Submit a note signed by all the property owners giving one person authorization to act on their behalf.

I hereby certify under penalty of perjury and false swearing that the information I have provided is true and correct and further that I am the sole owner of the property identified herein or I am authorized by ALL the owners to make this application and proof of said authorization is attached (see # 3 above).

Applicant(s) Signature

Date Signed

Property Owner(s) Signature

Date Signed

FOR OFFICE USE ONLY

Pre-Application Conference Date:	Fee Amount Paid:
Date Received:	Receipt No.:
Application Type:	File No.:

CITY OF ST. HELENS
LAND USE FEE SCHEDULE & MISCELLANEOUS PLANNING DEPARTMENT FEES

REQUEST FOR	\$ FEE	SPECIAL COMMENTS
Accessory Structure	150	Detached
Amended Decision	100	Post amendment of a proposed decision
Amendment to Code/Plan	450 600 + 1,500	Quasi Judicial Legislative Deposit for special notice mailing (refundable)
Annexation	700 + 1,500	Deposit for estimated election costs (unused portion refundable)
Appeal	250	Transcript cost not to exceed \$500
Conditional Use Permit	100 400	Minor Major
Expedited Land Partition	175	Appeal & referee costs are additional
Expedited Subdivision	250	Appeal, referee & final plat costs are additional
Final Plan / Subdivision Plat	300	Per plan / subdivision plat submitted
Historic Resource Review	300	Concurrent map amendments are half of fee, except deposit
Home Occupation	50 150	Type I – One time fee in addition to annual Business License Type II – One time fee in addition to annual Business License
Lot Line Adjustment	175	
Measure 49	300	
Notice (not required type)	12	Must be renewed annually if continued notice desired
Partition	250	Includes final partition plat review
Planned Development	n/a	Same as use (e.g. Subdivision, Site Design, Conditional Use)
Referrals to Public Hearing	250	
Revocation	250	
Sensitive Lands Permit	200 350	Administrative review With public hearing
Sign Code Adjustment	300	
Sign Permit	100 50 25 0	Permanent (per sign) Temporary – 72 hours or more (per site) Temporary – Less than 72 hours (per site) Temporary – For nonprofit organization
Sign Plan, Comprehensive	250	+ \$25 for each separate sign included in the plan
Site Development Review	100 250 350 200	Minor Major – When value of project is equal to or less than \$200,000 Major – When value of project is greater than \$200,000 Scenic Resource
Subdivision, Preliminary Plat	550 750	Up to 8 lots; concurrent Variance is half of Variance fee More than 8 lots; concurrent Variance is half of Variance fee
Temporary Use Permit	150 50 25	One year 3-7 days 1-2 days
Time Extension	75	
Tree Removal Permit	100	
Unlisted Use/Parking Use	100	
Variance	250	
Street Vacation	550	Not a land use decision, but processed by the Planning Dept.

OTHER FEES: Zoning District or Comprehensive Plan Map: \$10. Development Code: \$20. Comprehensive Plan \$10.



ENVIRONMENTAL SCREENING SURVEY FOR BUSINESSES LOCATED INSIDE THE CITY OF ST. HELENS

If your business address is located outside St. Helens City limits this form does not apply to you.

Treatment Plant: City of St. Helens
POTW Service Area: St. Helens

GENERAL INFORMATION

1. Company name: _____
2. Address of the facility: _____
3. Mailing address: _____
4. Contact Person: _____ Title: _____
Telephone(s): _____ Fax: _____
5. Brief description of business--principal products and services:

6. Does the facility discharge any wastewater other than sanitary? Yes No
7. Will this business produce any pollutants of concern other than oils, grease, or fats?
 Yes No
8. Are any of these devices installed?
 - a. Oil and water separator..... Yes No
 - b. Oil and Grease trap..... Yes No
 - c. Sand/sediment trap Yes No

Please Sign and Date:

Signature Title Date

Please return with Business License
Application to:
City of St. Helens
PO Box 278
St. Helens, OR 97051

<u>FOR OFFICE USE ONLY</u>
E.S.F. Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Date E.S.F. Mailed _____