



City of Molalla

Business License Application

City of Molalla	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
PO Box 248		
Molalla, OR 97038	<input type="checkbox"/> Change of Ownership	
503-829-6855		
Fax: 503-829-3676	<input type="checkbox"/> Business Relocation	

Please Print or Type: Business License # _____

Business Name: _____ Date: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Business Phone: _____

Nature of Business: _____ Federal Tax ID#: _____

Do you have employees? Yes No Are you self-employed? Yes No

Have you ever had a Molalla Business License? _____ When & License #: _____

Owner/Manager Name: _____ Owner Contact Phone: _____

Owner/Manager Address: _____

City: _____ State: _____ Zip: _____

Is your business located within the Molalla city limits? Yes No

Is your business a home occupancy? Yes No

Are you a contractor or sub-contractor? Yes No

Do you have an alarm? Yes No

Business Emergency Contact and Phone Number _____

Total License Fee(s): \$70.00

Departmental Reviews:

Planning _____ Building Official _____ Police Department _____

Fire Department _____ Public Works _____

(Inspection may be required)