

## Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513

503-588-6256 \* [baspac@cityofsalem.net](mailto:baspac@cityofsalem.net)

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

(For office use only)

License #:

## License information

Brief description of business	
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## Applicant information

	Applicant	Employer (if applicable)
Name		
Home address		
Mailing address		
Phone number		
Email address		

I have attached a list of names and addresses of all principals, partners, corporate officers, and stockholders holding more than 10% of voting stock.      Not applicable      Yes, list attached.

## Business addresses in Oregon

Business name	Business address

## Background information (If necessary to answer any question completely, please attach an additional page.)

Have you ever been <b>ARRESTED</b> for other than a minor traffic violation?	No	Yes (state crime, arresting agency and date):
Have you ever been <b>CONVICTED</b> for other than a minor traffic violation?	No	Yes (state crime, arresting agency and date):
List any <b>PROBATION</b> violations within the last 10 years (If necessary, please attach an additional page.)		

## Terms and conditions

**Correct information:** I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

**Electronic signature certification:** By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To submit:

Save the file to your computer and email to

[baspac@cityofsalem.net](mailto:baspac@cityofsalem.net).