

CITY OF PORTLAND

OFFICE OF MANAGEMENT AND FINANCE

Ted Wheeler, Mayor Jennifer Cooperman, Chief Financial Officer Thomas W. Lannom, Revenue Division Director Tyler Wallace Tax Division Manager 111 SW Columbia St, Suite 600 Portland, OR 97201-5840

> Tel: (503) 865-2488 Fax: (503) 279-2698 TDD: (503) 823-6868

APPLICATION

SECONDHAND DEALERS PERMIT

All blanks must be filled in. If the question does not apply to you, enter N/A (Not Applicable) in the space. If additional space is needed to answer any question use additional paper. Return completed application and fee to

City of Portland / Business Permitting / PO Box 8084 / Portland OR 97207.

1.	Check <u>one</u> : <u>Occasional Secondhand Dealer</u> (for Dealers who purchase or offer for sale no more than 50 items of regulated					
	property in any one year period):					
	property in any one year pe	New application, \$100.00				
		Additional Location, \$50.				
	Secondhand Dealer:	New application, \$500.00 Additional Location, \$450				
2.	To be issued to:	ne of owner, partners or corporati				
	(nar	ne of owner, partners or corporati	ion)			
3.	Check one: Individual Proprietorship Partnership Corporation LLC See requirement #11					
4.	Assumed Business Name (if one is used):					
5.	Business Address:					
	See PCC 14B.90.020(B)		(state)	(zip code)		
	If the property is leased or	rented, give the name and addre	ess of the property owner:			
6.	Business Phone:	Business	Email:			
7.	The web address of any and all web pages used to acquire or offer for sale regulated property on behalf of the Dealer, and any and all internet auction account names used to acquire or offer for sale regulated property on behalf of the Dealer:					
8.	Mailing Address:					
9.	(if different than business address) Hours / Days of Week of operation:					
10.	Explain the exact nature of the business to be operated:					

11.	Provide the full name and title for the owner engaged or employed in the management o provide the same information for any office outstanding shares. Persons "engaged or en have any role in buying, reporting, holding,	r operation of the busines er, director, and sharehole mployed in the operation	s. If this application is for a corporation, der owning more than five percent of the of the business" includes <u>all</u> persons who		
Full Name		<u>Tit</u>	<u>Title</u>		
12.	Additional information is required for each History Form.	person listed in #11 above	. Each person should complete a Personal		
13.	If a corporation, provide the date copy of the corporation certificate and/or ar		onand provide a		
https://b. applic.prese is not relate should c. the C perm hereb and the failure of the control	NOTICE: If you have any questions regarding this application at 503-865-2488. The City Code and other/www.portlandoregon.gov/revenue/29978. Portland City Code (PCC) Section 14B.90.05 cation for a permit. However, the Director may note of one or more of the reasons for denial if the likely to recur, or is remote in time, or that it is to the purpose of PCC 14B.90. You should deforward with this application any information. Completion of these forms and submission with the portland to grant the requested permit. If ittee from the obligation to meet all other applications are that the statements made in this application that this statement is executed with the knowledge to reveal or provide requested information mit issued under Chapter 14B.90.	of lists the reasons why the grant a permit with the core applicant establishes to to occurred under circumstate review this section of Cinthat would support a favor that would support a favor that have a City of Portlable Federal, State, and location are true and correct to ge and understanding that	Revenue Division Director shall deny an accurrence of the Chief of Police despite the he Director's satisfaction that the behavior neces which diminish the seriousness as it ty Code. If grounds for denial exist, you brable determination under 14B.90.050 C. does not imply any obligation on the part of and regulatory permit does not relieve the cal laws and regulations. The undersigned to the best of his/her knowledge and belief, any false statement, misrepresentation, or		
Signa	ature:	Date:	Phone:		
Print	Name:	Print Title:			