

PLEASE ALLOW AT LEAST 10 BUSINESS DAYS TO PROCESS



Make check payable to:
CITY OF GRANTS PASS
101 NW A ST
GRANTS PASS, OR 97526-2091
(541) 450-6039 FINANCE

RENEWALS ONLY:
PENALTIES WILL BE
ASSESSED BEGINNING
AUGUST 1ST

APPLICATION & RENEWAL FOR BUSINESS & OCCUPATION TAX

Please print clearly and complete ALL fields to avoid any delay in processing.
Incomplete/Illegible applications cannot be processed and will be returned.

It is unlawful for a person to transact any business in the City of Grants Pass without first having obtained a Business and Occupation Tax Certificate. Evidence of doing business includes the use of signs, circulars, business cards, telephone book listings, newspapers, or other forms of advertisement.

NO LONGER IN BUSINESS:

If your business has CLOSED, is INACTIVE, or has RELOCATED outside the City limits please sign and date this section indicating when you last worked in the City. Be aware that you will need to reapply when you plan to work in the City again.

STATUS OF BUSINESS: _____ DATE LAST WORKED IN CITY: _____ SIGNATURE: _____

NAME OF BUSINESS: _____

DBA (DOING BUSINESS AS): _____

NAME OF OWNER(S): _____

DATE OPENED: _____ SQUARE FOOTAGE: _____ TYPE OF BUSINESS: _____

- COMMERCIAL PROPERTY
- RESIDENTIAL PROPERTY

PHYSICAL ADDRESS*: _____

*Home based businesses may be **required** to file a Minor/Major Home Occupation Permit with Parks & Community Development, Room 201. Planners are available 10am-12pm Monday-Friday or at (541) 450-6060.

CITY, STATE, ZIP: _____

MAILING ADDRESS (if different): _____

CITY, STATE, ZIP: _____

BUSINESS PHONE: _____ SECONDARY PHONE: _____

EMAIL ADDRESS: _____

CONTRACTORS ONLY: Please provide your Construction Contractors Board (CCB) licensing information

CONTRACTOR CCB#: _____ CCB EXPIRATION DATE*: _____

*If your CCB license is not current, the City will process your application as a non-compliant contractor, and you will not be eligible for issuance of building permits.

The certificate application will be denied where the activity to be taxed would not comply with City ordinance, state, or federal law.

OWNERS OF RENTAL UNITS: The word "business" shall include the ownership and operation of three or more rental units, or a single complex with three or more units, by the same owner(s) located within City limits. If you do not own at least three units, please state this on the enclosed application. Sign and date the application and return to the City Finance office for cancelation.

CALCULATION OF BUSINESS TAX FEE

1. Number of owners engaged in business in Grants Pass
Include owners, proprietors, and partners _____

2. Number of individuals employed on a regular or part-time basis* _____
 *Do not include any persons reported on Line 1
 *Employees who work less than 20 hours per week can be counted 2 for 1
(Random verifications of this count will be performed by the City)

Beauty Salons: report the number of stations on the business premises whether utilized or not
Real Estate Brokers: include independent associates and salespersons associated with the reality
Flea Markets or any business with booths/stalls: report the number of booths/stalls available for rent

3. Total individuals to report – Line 1 plus Line 2 _____

4. Enter your tax fee here* _____
 Please refer to the schedule of tax fees on the right
 (Non-Profit: **ZERO** fees due with IRS proof of Non-Profit Status)

*Fees are pro-rated to 50% on January 1st and 25% on April 1st for all new businesses or renewals from inactive

5. Late fees (For renewals only. If not renewing, skip to Line 7) _____

Occupation taxes paid after July 31st are considered delinquent and subject to late fees. Late fees are calculated at 10% per month late: 10% as of August 1st, 20% as of September 1st, 30% as of October 1st, etc.

6. Change of business information including address change, etc. _____
 Please include a \$5.00 processing fee *
 *No fee applicable when renewing

7. Total Tax – Add Line 4 through Line 6 _____

I HEREBY AGREE TO ABIDE BY ALL THE TERMS OF THE BUSINESS TAX ORDINANCE AND TO FURNISH SUCH INFORMATION AS THE CITY OF GRANTS PASS MAY REQUIRE WITH RESPECT TO THE NUMBER OF EMPLOYEES EMPLOYED BY THE BUSINESS. I UNDERSTAND THIS TAX IS NOT TRANSFERABLE BETWEEN BUSINESSES AND IS VALID AT THE ABOVE REPORTED ADDRESS ONLY.

SIGNATURE OF APPLICANT REQUIRED **DATE**

SCHEDULE OF OCCUPATIONAL TAX FEES	
TOTAL OF LINE 3	TAX FEES
1 OR 2	\$50.00
3	\$72.00
4	\$96.00
5	\$120.00
6	\$132.00
7	\$144.00
8	\$156.00
9	\$168.00
10	\$180.00
11	\$186.00
12	\$192.00
13	\$198.00
14	\$204.00
15	\$210.00
16	\$216.00
17	\$222.00
18	\$228.00
19	\$234.00
20	\$240.00
21	\$246.00
22	\$252.00
23	\$258.00
24	\$264.00
25	\$270.00
26	\$276.00
27	\$282.00
28	\$288.00
29	\$294.00
30	\$300.00
IN EXCESS OF 30 ADD \$2.40 PER INDIVIDUAL	

OFFICE USE ONLY

DATE PAID: _____

RECEIPT NUMBER: _____

RECEIPTED BY: _____