

**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



## **APPLICATION & RENEWAL FOR BUSINESS & OCCUPATION TAX**

**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 licensee who has paid the tax required under this ordinance shall be entitled to any refund. This includes a business who pays the tax prior to receiving all other required approvals.**

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

**IF NO LONGER IN BUSINESS OR INACTIVE:**

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 202. Please contact them 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)

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

Occupation taxes paid after the expiration date printed on certificate are considered delinquent and are subject to late fees. Late fees are calculated at 10% per month late

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

**THIS DOCUMENT IS A PUBLIC RECORD. ALL INFORMATION PROVIDED MAY BE PUBLISHED ON THE CITY OF GRANTS PASS WEBSITE AND IS SUBJECT TO DISCLOSURE UPON REQUEST.**

<b>SCHEDULE OF OCCUPATIONAL TAX FEES</b>	
<b>TOTAL OF LINE 3</b>	<b>TAX FEES</b>
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
<b>IN EXCESS OF 30 ADD \$2.40 PER INDIVIDUAL</b>	

OFFICE USE ONLY  
 DATE PAID: \_\_\_\_\_  
 RECEIPT NUMBER: \_\_\_\_\_  
 RECEIPTED BY: \_\_\_\_\_