

Business License Initial Inquiry Form

Before you apply for a business license, the City of Troutdale has to check that the business is allowed to operate on a property and/or within the building space. This web form is the first step in the business license process.

Please complete the web form below if your proposed business or activity will have a physical location in the city. If you are a contractor that is not establishing a physical location in Troutdale AND whose business is based outside the city, you do not need to complete this web form.

This form is used by the City's Community Development Department to determine if your business requires any permits or approvals from the department **prior to** a business license being applied for and issued.

Information filled out below will be sent to the department to begin the review. Department staff will contact you within 3-5 business days with an update on next steps.

You must have JavaScript enabled to use this form.

Applicant Email

The applicant who the City can contact if there are questions about this request. Leave Blank if same as owner.

Applicant Name

The applicant who the City can contact if there are questions about this request. Leave Blank if same as owner.

Owner Name

Business owner name. The City will contact you for additional information if needed.

Owner Email

The City of Troutdale will not share your email to any outside parties or vendors for services or promotions.

Phone Number

The City will typically communicate by email, but may call an Applicant if requested or when warranted. The City of Troutdale will not share your number to any outside parties or vendors for services or promotions.

Business Name

If the "dba" (doing business as) name is different from the official name, please include both and indicate which is the dba

Business Location in Troutdale

Where in the city will this business be physically located? Please provide a street address (you do not need to put city, state, or ZIP code) and include a unit or suite number if applicable. This is a physical location, not a mailing location (no PO Boxes).

Description of Business

Provide a brief description or list of what type of business this is and what the business will be doing at this location

Proposed Changes

Proposed Changes

Please mark any/all changes that you are planning to the location/space in order to operate your business. You can select more than one option if applicable. You can use the next section to further describe the changes if needed.

☐ General remodeling (changes to walls, doors, windows, etc.)

☐ Mechancial, electrical, or plumbing additions/modifications

☐ Painting, tiling, or other finish work

☐ Shelving or racking installations taller than 5 feet, 9 inches (69 in / 1.75 m)

☐ Unique or business-specific devices or fixtures (pottery kiln, medical chair, etc.) -

Please describe below

☐ Other - Please describe below

☐ We are not making changes / these options do not apply to my business

Description of Changes

You can use this space to describe or list changes marked above.

Material Storage

Please describe any materials or products related to your business operations that will be stored in the space and how they may be stored (shelving, open storage, refrigeration, containers, etc.). If you will not be storing materials, please write "Does not apply" in the text field below.

Property Owner

☐ Property Owner

- ☐ Yes
- ☐ No

Are you the owner of the property or space where the business will operate? If no, please complete the property owner information below. If yes, you can skip the next section.

Property Owner Information

Please provide the name, email, and phone number of the property owner if you are not the owner of the property/space.

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