



HOME-BASED ADULT CARE QUESTIONNAIRE

Please fill out this worksheet **COMPLETELY** on both sides, whether applying for the first time or submitting an annual renewal and return it with your business license application.

NOTES TO APPLICANTS:

In order to process your Business License renewal, we need the following information returned to us. Please answer the questions below and either mail or drop off at 625 Center St, Oregon City, OR. Alternately, you can email your response to dlong@orcite.org.

1. How many beds / residents are in the home? _____
2. How many employees work at the home? Full Time _____ Part Time _____
3. Of the employees that work there, how many live at this location? _____
4. Are you licensed by the State of Oregon? _____
If so, what is the license number and expiration? _____

Your signature below indicates that you have read and understand this worksheet, and that you agree to observe and comply with the restrictions for a **home-based adult care business** as defined in the Oregon City Municipal Code.

Signature: _____

Applicant Name: _____

Business Name: _____

Address: _____

Phone Number: _____

THANK YOU FOR YOUR ASSISTANCE AND COOPERATION