



BUSINESS LICENSE APPLICATION

Is this a renewal? Yes No

Last year's Business License # _____

ASSUMED BUSINESS NAME (DBA): BOBABLASTIC	
LEGAL NAME OF CORPORATION/PARTNERSHIP/BUSINESS KAREN TEA LLC	
TYPE OF BUSINESS FOOD CART	BUSINESS PHONE (503) 863-9473
BUSINESS ADDRESS (INCLUDE CITY, STATE & ZIP) 38440 PIONEER BLVD SANDY, OR 97055	
EMAIL ADDRESS Bobablastic.sandy.Llc.2085@gmail.com	
MAILING ADDRESS (IF DIFFERENT THAN BUSINESS ADDRESS-INCLUDE CITY, STATE & ZIP) 2085 SE 171st AVE Portland OR 97233	
CONTACT NAME That Aye	
CONTACT ADDRESS (INCLUDE CITY, STATE & ZIP) 2085 SE 171st AVE Portland OR 97233.	
CONTACT TELEPHONE	EMERGENCY PHONE
IS THE BUSINESS LOCATED: <input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS IF INSIDE CITY LIMITS, PLEASE COMPLETE QUESTIONS 1 THROUGH 6	
For businesses inside the Sandy City Limits:	
1.	IF YOU ARE RENTING OR LEASING YOUR SPACE: PROPERTY OWNER'S NAME JERRY CARLSON ADDRESS 38440 PIONEER BLVD SANDY OR 97055 PHONE # (503) 260-4993
2.	ADDITIONAL EMPLOYEES: FULL TIME <u>0</u> PART TIME <u>0</u> TOTAL FT EQUIVALENT <u>0</u>
3.	ARE HAZARDOUS MATERIALS STORED/USED ON THE PREMISES? (CHECK ONE) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4.	IS THE BUSINESS LOCATED IN YOUR HOME*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
5.	DOES YOUR BUSINESS UTILIZE PEDDLERS OR SOLICITORS*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6.	IS YOUR BUSINESS A SIDEWALK VENDOR OR STREETSIDE SALES*: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>*If you answered yes to Question 4, 5 or 6 please review the additional regulations listed inside and sign where requested.</i>	

CITY USE ONLY

CONDITIONS OF APPROVAL:			
BUILDING:	DATE REC. 10/25/22	LICENSE # 3889	DATE ISSUED 10/25/22
PLANNING:	CHECK# CASH	CC# <input checked="" type="checkbox"/>	TOTAL FEE PAID 4100