

Fee Schedule

Please select one of the following options:	
\$500 Annual License Fee for the Entire Sta	te of Oregon
\$100 Annual License Fee for each City	
City (1):	
City (2):	
City (3):	
City (4):	
Total Cities: x \$100	
Total Amount Due \$	
I understand the selection of the annual promoter levalid for the box selected. Payment of the Annua application and disclosures.	
Signature of Applicant	Date

Please Remit This Form with Payment.