

TELECOMMUNICATIONS OPERATIONS LICENSE APPLICATION

City of Creswell
13 South 1st Street, P.O. Box 276, Creswell, OR 97426

DATE RECEIVED: _____

Original Application Review Fee: \$ _____ Received

Telecommunication Utility License Fee: \$ _____ Received

Provider's Name: _____

Legal Status (e.g. partnership, corporation) _____

Mailing Address _____

Business Telephone # _____ EMAIL: _____

Website: _____

Any affiliates _____

Name, address and telephone number of duly authorized officer, agent or employee responsible for accuracy of information and to be contacted in case of an emergency:

Name _____ Title _____

Address _____

Telephone # _____ EMAIL: _____

Applicant is the following type of telecommunications provider:

_____ Carrier per ORS 133.721(8) _____ Private Communications Network

_____ Non-Carrier *with* City Customers _____ Non-Carrier *with no* City Customers

Does applicant currently have a franchise with the City? _____ yes _____ no

Provide a description of the applicant's existing or proposed telecommunications facilities within the City, a description of the telecommunications facilities that the applicant intends to construct, and a description of all telecommunications services that the applicant intends to offer or provide to persons, firms, businesses, or institutions with the City. If a Private Communications Network or Non-Carrier *with no* City Customers, include the number of linear feet of right-of-way occupied or proposed to be occupied (if any) by applicant's facilities and specify when you intend to service customers within the City: _____

Type of customers you will serve in the City: ___ End Users ___ Other Telecommunications Providers

Note: The City requires engineering plans, specifications and a network map (in a form customarily used by the applicant) of facilities located or to be located within the public rights-of-way in the City, including the location and route requested for applicant's proposed telecommunication facilities. If provider owns facilities in the City of Creswell's right-of-way, a preliminary construction schedule for build-out to the entire franchise area must be provided.

The registration fee to accompany the registration form is based on the status of the registrant.

- A. Small Provider Exemption Request \$50.00
- B. Franchise Provider \$150.00
- C. Non-Franchise Provider \$250.00

Entities seeking a small provider exemption should complete the form, and attach proof that their gross annual revenues for services provided within the City of Creswell are less than \$10,000 for the immediately preceding calendar year. Such proof may be in the form selected by the utility, but shall include a sworn statement by a person qualified to make verifiable statements regarding revenue and income, and shall be of sufficient veracity and specificity to be admissible in court. The applicable definition of gross revenue is set forth in Creswell Municipal Code (CMC) Title 5.

Note: In addition to registration, telecommunications service providers in the City of Creswell are required to pay license fees on gross revenues, pursuant to CMC Title 5, subject to the exceptions and qualifications set forth therein. If, after inspecting its records and the terms of CMC Title 5, a telecommunications provider believes that it is subject to an exception or a reduction in fees owed, it is the registrant's obligation to provide information to the Creswell Tax Administrator to support this conclusion.

STATEMENT OF COMPLIANCE: By signing and submitting this application, I hereby certify that the foregoing information is true and correct. I have received a copy of Creswell Municipal Code Title 5 concerning telecommunications providers, have read and understand the same and agree to fully comply with all terms and conditions set forth therein, including, but not limited to: providing an annual update of the information herein provided. I further acknowledge that, subject to applicable state law, applicant must reimburse the City for such reasonable costs as the City incurs in entering into this franchise agreement. Proof is attached that the appropriate license from the Oregon Public Utility Commission (PUC) or the Federal Communications Commission (FCC) has been obtained.

Applicant's Signature: _____ Date: _____

Office Use Only Original Application Review Fee Amount \$ _____ Receipt # _____

Telecommunication Utility License Fee Amount \$ _____ Receipt # _____

APPLICANT HAS MET THE REQUIREMENTS FOR A TELECOMMUNICATIONS PROVIDERS FRANCHISE PURSUANT TO CMC TITLE 5

FRANCHISE APPROVED BY COUNCIL: _____ ORDINANCE# _____

ORD. EFFECTIVE DATE: _____ ACCEPTED BY APPLICANT: _____

TERM: _____