



## BUSINESS LICENSE APPLICATION

DATE: \_\_\_\_\_

Name of person or persons owning business; if a corporation, name of authorized officer:

\_\_\_\_\_

Name and phone number of manager, if different from owner:

\_\_\_\_\_

Assumed Business Name: \_\_\_\_\_

Physical Address of Business Location: \_\_\_\_\_

Owner of Record: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

List any permits that pertain to your business (*County Health Dept., Contractor's License, OLCC, etc*):

\_\_\_\_\_

SIGNATURE OF APPLICANT 1: \_\_\_\_\_

SIGNATURE OF APPLICANT 2: \_\_\_\_\_

AMOUNT TENDERED: \_\_\_\_\_