



City of Manzanita, Oregon

543 Laneda Avenue • P.O. Box 129, Manzanita, OR 97130-0129

Phone: 503-368-5343 Fax: 503-368-4145

strprogram@ci.manzanita.or.us

APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Description of business activity: _____

Cottage Industry: Yes ___ No ___ If yes, Conditional Use Permit Approved by City's Planning Commission. Yes ___ No ___

CCB#: _____ PB#: _____ LCB#: _____

Expiration date: _____ Exempt?: Yes ___ No ___

Business Street Address: _____

Business Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Owners: _____ Phone: _____

(Include partners): _____ Phone: _____

If a corporation

President: _____ Phone: _____

Secretary: _____ Phone: _____

Address – Home Office: _____

City, State, Zip: _____ Phone: _____

<u>License Fee</u>	<u>New and Renewals issued 1/1 to 6/30 for the calendar year</u>	<u>New Licenses only issued 7/1 or after for the calendar year</u>
_____ One or two employees*	\$75.00	\$37.50
_____ Three to five employees*	\$100.00	\$50.00
_____ Six or more employees*	\$125.00	\$62.50

*For the purposes of computing the number of employees, "employees" include owners/managers plus other workers, whether compensated or not, present at one time during peak season. Ord. 94-8

Signature of Person Making Application: _____

Official Use Only-Do not write below this line.

Fee paid: _____ Date: _____

Check #: _____ Receipt #: _____