



# 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](mailto: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 #: \_\_\_\_\_