



CITY OF MANZANITA

P.O. Box 129, Manzanita, OR 97130-0129
Phone (503) 368-5343 | Fax (503) 368-4145 | TTY Dial 711
ci.manzanita.or.us

amyers@ci.manzanita.or.us

APPLICATION FOR BUSINESS

Business Name: _____

Description of business activity: _____

Cottage Industry (Home Based Business): Yes _____ No _____ If yes,
Conditional Use Permit Approved by City's Planning Commission. 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 #: _____