



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

BUSINESS LICENSE APPLICATION

Email your completed application to: amyers@ci.manzanita.or.us
Pay your license fee here: [City of Manzanita Business License \(xpressbillpay.com\)](http://CityofManzanitaBusinessLicense(xpressbillpay.com))

Business Name: _____

DBA (if applicable): _____

Business Type: _____

Cottage Industry: Yes _____ No _____

Business Street Address: _____

Business Mailing Address: _____

Business Phone Number: _____

Business Email Address: _____

Business Owner: _____ Owner Phone: _____

Other Contact: _____ Contact Phone: _____

License Fee Schedule (Ordinance 94-8)

_____ 1-2 Employees	\$75.00
_____ 3-5 Employees	\$100.00
_____ 6+ Employees	\$125.00

- (c) Employees include owners/managers plus other workers, whether compensated or not, present at one time during peak season.
- (d) The license fee for any business license issued after July 1 of a calendar year shall be one-half of the annual license fee.
- (e) A late filing charge of \$15.00 for each month in which the business is operated prior to the filing of the application shall be assessed and shall be tendered with the application.

*All applications and remittances are subject to audit and approval and do not constitute a license to do business. The applicant hereby acknowledges their responsibility to maintain the business in compliance with all applicable laws and ordinances.

Applicant Name: _____ **Applicant Job Title:** _____

Applicant Signature: _____ **Date:** _____