



# 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 RENEWAL APPLICATION

Email your completed application to: [amyers@ci.manzanita.or.us](mailto: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

\_\_\_\_\_ I'm Not Renewing My Business License at This Time

- (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:** \_\_\_\_\_