



# 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

## RENEWAL: BUSINESS LICENSE APPLICATION

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

**Please complete the following information for verification of records on file (whether renewing or not)**

Current Business License Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Type of Business: \_\_\_\_\_ Cottage Industry: Yes \_\_\_\_\_ No \_\_\_\_\_

Business Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Email Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

### License Fee Schedule (Ordinance 94-8)

- (a.) Employees include owners/managers plus other workers, whether compensated or not, present at one time during peak season.
- (b.) 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.

#### **RENEWAL ANNUAL LICENSE FEE** (due by 1/31)

_____ 1-2 Employees \$75.00	_____ Please Check if <i>NOT RENEWING</i>
_____ 3-5 Employees \$100.00	
_____ 6 + Employees \$125.00	

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:** \_\_\_\_\_