



P.O. Box 129 Manzanita, OR 97130
P (503) 812-2514 ext.4 F (503) 368-4145
cityhall@ci.manzanita.or.us

BUSINESS LICENSE APPLICATION

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

RENEWAL: Please complete the following information for verification of records on file:

Current Business License Number: _____ (located on your current business license certificate or call the city)

Business Name: _____

DBA (if applicable): _____

-Please skip to the "License Fee Schedule" section and sign the bottom.

{If you need to update any business information: Provide the updated information in the New Application section}

NEW APPLICATION

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 Email: _____ Business Phone: _____

Business Owner: _____ Owner Phone: _____

Other Contact: _____ Contact 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.) The license fee for any business license issued after JULY 1st of a calendar year shall be one-half of the annual license fee.
- (c.) A late filing charge of \$15.00 for each month the business operated prior to the filing of the application shall be assessed and shall be tendered with the application.
- (d.) The license will expire December 31st – Renewals for the next calendar year will be sent prior to expiration and are due by 1/31.

Please check this box if you **DO NOT** plan to renew next year. **BY CHECKING THIS BOX YOUR ACCOUNT WILL BE CLOSED JANUARY 1st**

ANNUAL LICENSE FEE	AFTER JULY 1st LICENSE FEE
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal (see note c/d)	New Applications only (see note b.)
<input type="checkbox"/> 1-2 Employees \$100.00	<input type="checkbox"/> 1-2 Employees \$50.00
<input type="checkbox"/> 3-5 Employees \$135.00	<input type="checkbox"/> 3-5 Employees \$67.50
<input type="checkbox"/> 6 + Employees \$175.00	<input type="checkbox"/> 6 + Employees \$87.50

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:** _____