



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: Visit the City of Manzanita’s website OR complete this form and mail in a check

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 24-3)

- (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 \$103.00	<input type="checkbox"/> 1-2 Employees \$51.50
<input type="checkbox"/> 3-5 Employees \$139.00	<input type="checkbox"/> 3-5 Employees \$69.50
<input type="checkbox"/> 6 + Employees \$180.00	<input type="checkbox"/> 6 + Employees \$90.00

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:** _____