



BUSINESS LICENSE APPLICATION RENEWAL

Business Information

Full Business Name: _____

DBA (Doing Business As): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Type of Business: _____

Owner/ Agent Information

Name: _____

Address: _____

Phone: _____ **Email:** _____

Online Business Registry Additional Information

Website/Social Media _____

Slogan/One Line About The Business _____

Emergency Contact Information

Name: _____ **Phone:** _____

By signing below, I certify the following:

1. The information stated in the application is true, accurate and complete.
2. The business is in compliance with all applicable federal, state and local laws, regulations and ordinances.
3. The applicant or authorized agent has read, understands and agrees to abide by the City of Drain's ordinance.

4. If the applicant is an entity, the authorized agent has the requisite power and authority to sign and submit the application on behalf of the applicant.
5. I acknowledge that this application is public record and the City of Drain will be exempt from disclosure only of information of a sensitive and confidential nature to the extent required by the Oregon Public Records Law (ORS 192.311 – 192.431) and other applicable laws.
6. **Business License must be displayed in a conspicuous place.**

Printed Name: _____

Signature: _____

Date signed: _____

For City use only

Date application received: _____

Business License fee paid: YES NO

Business License approved by: _____