



BUSINESS LICENSE APPLICATION

Please choose one: NEW OR RENEWAL

Business Information

Full Business Name: _____

DBA (Doing Business As): _____

Physical Address: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Type of Business: _____ **No. of employees:** _____

State Business Registration Number: _____

Owner/ Agent Information

Owner 1 Name: _____

Address: _____

Phone: _____ **Email:** _____

Owner 2 Name: _____

Address: _____

Phone: _____ **Email:** _____

Additional Information

Date of Application: _____ **Date Business will commence:** _____

Insurance Company: _____ **Phone:** _____

If there are any local, state or federal licenses, certificates, registrations or permits required please identify them on a separate sheet of paper.

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 this 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: _____