



## Business License Application

Mail to: P O Box 330, Phoenix, OR 97535

(Valid from July 1<sup>st</sup> to June 30<sup>th</sup>)

(541) 535-1955

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

Place of Business (St. Address): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Business Product and Service (retail, office, etc.): \_\_\_\_\_

Number of Employees (excluding owners/corporate officers): \_\_\_\_\_ Building square footage: \_\_\_\_\_

Previous Building Use: \_\_\_\_\_

Other Licenses (Contractors License No., etc.): \_\_\_\_\_

Business Ownership (Please list all owners or corporate officers):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY CITY

<b>Zoning Clearance</b>	Increase in use <input type="checkbox"/>	Decrease in use <input type="checkbox"/>	<b>BASIC FEE</b> (Includes first two employees): \$ 60.00
_____	Special building inspection <input type="checkbox"/> yes <input type="checkbox"/> no		All additional employees at \$6.00 each \$_____
_____	Parking requirements met <input type="checkbox"/> yes <input type="checkbox"/> no		Home Occ ..... \$_____
_____	Change in SDC requirements <input type="checkbox"/> yes <input type="checkbox"/> no		Late Fee ..... \$_____
Planning Department	RVS notified <input type="checkbox"/> yes <input type="checkbox"/> no		Total: ..... \$_____

Date Paid: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied \_\_\_\_\_

City Recorder: \_\_\_\_\_ Date: \_\_\_\_\_