

**CITY OF SEASIDE
989 BROADWAY
SEASIDE, OREGON 97138
503-738-5511
FAX 503-738-5514**

APPLICATION FOR CITY BUSINESS LICENSE

New Business _____ Change of Ownership _____ Change of Address _____ Name Change _____

In accordance with the provision of Section 12, Ordinance #70-47, adopted December 28, 1970, the undersigned hereby makes application for a City Business License and submits the following information:

BUSINESS NAME: _____

OWNER NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ BUS. PHONE: _____

EMAIL ADDRESS: _____

BUSINESS DESCRIPTION: _____

NUMBER OF EMPLOYEES: _____

WILL CUSTOMERS BE COMING TO YOUR HOME? _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY CONTACT PHONE: _____

APPLICANT INFORMATION

HOME ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: _____ DRIVERS LICENSE # _____ ST: _____

APPLICANTS SIGNATURE: _____ DATE: _____

CONTRACTORS ONLY

CONTRACTORS STATE REGISTRATION # _____

NOTE: BUSINESS LICENSES ARE DUE JANUARY 1ST OF EACH YEAR. FEES LEFT UNPAID AS OF FEBRUARY 1ST ARE SUBJECT TO A PENALTY OF 50% OF THE SCHEDULED FEE.

ADMINISTRATION USE ONLY

CATEGORY: _____ APPLICATION FEE: \$20.00 LICENSE FEE: _____
ACCOUNT: _____ RECEIPT #: _____ TOTAL AMOUNT PAID: _____

ALL RESTAURANTS MUST BE INSPECTED & APPROVED BEFORE OPENING