



City of Clatskanie -- PO Box 9, Clatskanie OR 97016 -- (503) 728-2622
Business License Application

Business Information

Please check the type of license you are applying for:					
<input type="checkbox"/> In City	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Landlord	<input type="checkbox"/> Mobile
<input type="checkbox"/> Outside contractor 6 months. Project: _____	<input type="checkbox"/> Outside contractor one year. Project: _____	<input type="checkbox"/> Outside Service Provider	<input type="checkbox"/> Event. Dates of Event: _____	<input type="checkbox"/> Solicitation Door-to-door sales	

Business Name: _____

Mailing Address: _____

Oregon State Contractors License No.: _____

Physical Business Address: _____

Business Phone Number: _____ Type of Business: _____

Business Owner Information
Last Name: _____
First Name: _____
E-Mail _____
Fax Number: _____
Driver's License Number: _____
Home Phone Number: _____

Emergency Contact Information
Name: _____
Phone Number: _____
Name: _____
Phone Number: _____
Name: _____
Phone Number: _____

For businesses located within city limits please provide the following information:	
Number of Employees _____ Number of Rental Units _____ Alarm Company _____ Phone Number: _____	Please check all that apply: <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Sprinkler

NOTICE: Approval of this application does not certify the applicant has complied with all code provisions. A change in use or a change in occupancy may require the applicant obtain a Building Inspection/Permit either prior to the issuance of a business license or at any other time such an inspection is warranted. Please provide all information requested on this form. Thank you for your business interest in the City of Clatskanie.

Applicants Signature: _____ Date: _____

For Office Use Only			
Fee: _____	Date Paid _____	Receipt Number _____	Customer # _____ LP # _____
Business License# _____	Approved by: _____		Date: _____