

# City of Cannon Beach Business License Application

Fiscal Year July 1, 20\_\_ through June 30, 20\_\_

***This application will be returned to you without processing if the below applicable information is not provided.***

Circle one: New Application    Amendment    Motel/Hotel    Short-term Rental    Contractor    Home Occupation

Business Name: \_\_\_\_\_ Tax ID (EIN) #: \_\_\_\_\_

Address of Business: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

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

Owner Phone: \_\_\_\_\_

Driver's License State \_\_\_\_ Number \_\_\_\_\_ Owner Date of Birth \_\_\_\_\_

Type of Business: \_\_\_\_\_ Square Footage: \_\_\_\_\_

*(Retail, Roofer, Restaurant, Realtor, Motel, Internet, Sales, Property Manager, Gallery, etc.)*

## **If Corporation or Partnership, list Officers/Partners:**

<i>Name</i>	<i>Mailing Address</i>	<i>Drivers License Number &amp; State</i>	<i>Telephone or Cell Phone</i>

Manager's Name (if different than Owner): \_\_\_\_\_ Phone: \_\_\_\_\_

Number of Employees (include all working within City limits, full-time or part-time) \_\_\_\_\_

Monitored Alarm System at business physically located in Cannon Beach?    Yes    No

Note any certifications required to conduct your business: \_\_\_\_\_

**If additional licensing for your business is required by the state or federal government, please attach a copy of the license(s) to this application. (Municipal Code 5.04.050)**

**CONTRACTORS ONLY:** General Contractor \_\_\_\_ Specialty Contractor \_\_\_\_ Exempt \_\_\_\_ Non-Exempt \_\_\_\_  
Construction Contractor's Board Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I \_\_\_\_\_, doing business as \_\_\_\_\_,  
am registered with the State of Oregon Construction Contractors Board under the provisions of ORS 701.035 through ORS 701.130 and said registration is in full force and effect.

## **SHORT-TERM RENTAL APPLICANTS ONLY:**

Local responsible or manager name and phone number: \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This information can be made in alternative format as needed for persons with disabilities.*

### **BUSINESS LICENSE FEE SCHEDULE**

1-2 Employees \$75.00

3-5 Employees \$125.00

6 or more Employees \$250.00



***For Staff Use Only:***

Payment received on: \_\_\_\_\_ By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

<b>Department</b>	<b>Date Reviewed</b>	<b>Approval Status</b>		<b>Reviewed by</b>
Building		Approved	Not Approved	
Planning		Approved	Not Approved	
Public Works		Approved	Not Approved	
Public Safety		Approved	Not Approved	
City Manager		Approved	Not Approved	

**Staff Comments**
