City of **C**latskanie -- PO Box 9, Clatskanie OR 97016 -- (503) 728-2622

Business **L**icense **A**pplication

Business Information

Please check the type of license you are applying for:					
o In City	o Short term license (seasonal)	o Hotel/Motel	o Mobile Home Park	o Landlord, Residential	o Landlord, Commercial
o Contractor, Annual (calendar year only)	o Contractor, Project more than seven days, less than one year	o Contractor, 7 day license	o Solicitation Door-to-door sales	o Home Occupation	

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:

o Hazardous Materials o 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: _____
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