

**BUSINESS LICENSE APPLICATION
CITY OF TILLAMOOK
210 LAUREL AVENUE
TILLAMOOK, OR 97141
503-842-4861 ext. 3462**

NOTICE: Acceptance of business license application does not certify that applicant has complied with all City Code provisions.

All information must be completed before application will be accepted.

Please print or type information.

Business Name: _____ Business Phone: _____

Business Street Address: _____

Business Mailing Address: _____

Fire Insurance Company Name: _____

Building Owners Name and Phone: _____

Type of Business to be Conducted: _____

No. of Employees F.T. _____ P.T. _____ Rentals - No. of Units _____

Oregon Construction Contractors Board Registration Number: _____

Business Owner's Name: _____ Phone: _____

Driver's License Number: _____

Applicant's Full Name: _____ Phone: _____

Driver's License Number: _____

In the event of a building emergency, call:

1. Name _____ Phone _____

2. Name _____ Phone _____

Alarm System: Alarm Company Name and Phone: _____

None _____ Audible _____ Silent _____ Holdup _____ Fire _____ Other _____

Is there building remodeling planned? Yes _____ No _____

Are there hazardous materials stored or used on the premises? Yes _____ No _____

Does the building have a fire sprinkler system? Yes _____ No _____

Remarks and/or hazardous information: _____

Date Submitted

Print Applicant's Name

Applicant's Signature

OFFICE USE ONLY

Receipt No. _____

Date Paid _____

Application No. _____

Date Certificate Mailed _____