



# CITY OF NEHALEM

35900 8TH STREET • P.O. BOX 143  
NEHALEM, OREGON 97131  
PH. (503) 368-5627 • [www.nehalem.gov](http://www.nehalem.gov)

## APPLICATION FOR BUSINESS LICENSE

NEW  RENEWAL  OWNERSHIP CHANGE  ADDRESS CHANGE  NAME CHANGE

### BUSINESS INFORMATION

Business Name:

Business Physical Street Address:

Business Mailing Address:

Business Physical City, State, Zip:

Business Mailing City, State, Zip:

Business Phone:

Business Email Address:

Description of Business:

### BUSINESS OWNER INFORMATION

Principal Owner Name:

Principal Owner Home Address:

Owner City, State, Zip:

Owner Email Address:

Owner Phone:

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Emergency Contact Phone:

### SIGNATURE

Applicant's failure to supply required information, or the applicant's submission of false or misleading information, is grounds for denying or suspending the license.

*The undersigned declares that the above information is true and correct:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT Name and Title: \_\_\_\_\_

*All businesses operating within the City of Nehalem must comply with the provisions of the code, City ordinances, and all state and federal law. The business license required shall not be construed to constitute a permit to engage in any activity prohibited by law, nor a waiver of any other regulatory or license requirement imposed by any other provision of City ordinance or federal, state, regional or local law.*

### OFFICE USE ONLY

Fee paid:

Date:

Check #:

Receipt #:

Approved by:

Date:

License #:

City Manager