



City of Eagle Point

Business License Application

17 S. Buchanan Ave./ P.O. Box 779 Eagle Point, OR 97524
541-826-4212, 541-826-6155 fax

BUSINESS LICENSES ARE EFFECTIVE JULY 1 OF CURRENT YEAR UNTIL JUNE 30th OF THE FOLLOWING YEAR.

| Business Information | | | |
|--|----------------------------------|--|----------|
| Business Name (Include DBA, Incorporation, etc...): | | Tax ID: | |
| Business Mailing Address: | | Business Address: | |
| City, State, Zip: | | City, State, Zip: | |
| Business Telephone: | | Business Fax: | |
| Business Email: | | Brief description/type of your business: | |
| Business Website: | | Nonprofit: Yes _____ No _____ *Must provide proof of Nonprofit status | |
| Commercial Property Questionnaire: | | Yes _____ | No _____ |
| *Please attach the Commercial Property Questionnaire | | | |
| Home Occupation: | (Applies to City Residents Only) | Yes _____ | No _____ |
| * Please attach the Home Occupation Questionnaire | | | |
| Business Owner and Emergency Contact Information | | | |
| Principle Owner Last Name, First (or contact person as appropriate): | | Drivers License: | |
| Principle Owner Mailing Address: | | City, State, Zip: | |
| Owner Home Number: | | Owner Cell Number: | |
| Local Emergency Contact Person and Relationship: | | | |
| Local Emergency Contact Mailing Address: | | City, State, Zip: | |
| Local Emergency Contact/After Hours Contact Number(s): | | | |
| Contractor Information | | | |

State Issued CCB # _____ Plumbing/Electrical Contractor State Registration # _____ LCB # _____

Are you prequalified with the City of Eagle Point: Yes _____ No _____

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1. The licensing of trades, shops, occupations, professions and business in the City of Eagle Point is regulated through Ord. 12-214 § 1, 1999.
 2. Renewal applications will be mailed one month prior to expiration. Business licenses not renewed by July 30th will be considered delinquent and be charged a penalty fee.
 3. Please notify us in writing if you are no longer doing business in the City of Eagle Point and wish to terminate your license.

(Annual business license fees will not be refunded because of early cancellation)

Signature: _____

Date: _____

Office Use Only

1. Finance: _____ 2. Building Dept.: _____ 3. Planning: _____ 4. Building Official: _____

5. Police Dept.: _____ 6. Administrator: _____ 7. Utility Dept.: _____

Amount Paid: _____ **Receipt #:** _____ **Date Issued:** _____ **Business License #:** _____