

CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH:(541)726-3753 • FAX: (541)726-3689



BUSINESS LICENSE APPLICATION

Date: \_\_\_\_\_ Type of License: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Units if Applicable: \_\_\_\_\_

Business Name: \_\_\_\_\_

Owner of Business Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

(If applicable, please provide Federal Tax ID and State Registry#)

Federal Tax ID #: \_\_\_\_\_ State of Oregon Registry #: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Employee/Manager's Full Name: \_\_\_\_\_

Employee/Manager's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ D.O.B.: \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Amount Received: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Received By: \_\_\_\_\_

Comments: \_\_\_\_\_

Business License year is July 1st through June 30th of each year. Applications during the business year are not pro-rated and are subject to the entire fee. A penalty of \$10.00 or ten percent of the license fee, whichever is greater, shall accrue for each month a business has operated without obtaining a business license. All Business Licenses are subject to a 5% technology fee. All fees are non-refundable