



BUSINESS LICENSE APPLICATION

17 S. BUCHANAN AVE. PO BOX 779 EAGLE Point, OR 97524

541-826-4212

541-826-6155 Fax

BUSINESS LICENSE 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 Street Address		Business Mailing Address	
City, State, Zip		City, State, Zip	
Business Telephone ()		Business Fax ()	
Business Email		Business Website	
Brief description/type of your business		Nonprofit	Yes _____ No _____
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) ()			

Additional Business Information

Contractors only: State Issued CCB # _____ Expiration Date _____
 Plumbing/Electrical Contractor State Registration # _____ *proof of business license must be available at each job site.

1. The licensing of trades, shops, occupations, professions and business in the City of Eagle Point is regulated through ORD
 2. Renewal applications will be mailed one month prior to expiration. Business license 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. Administration _____	7. Utility Acc. _____	
Amount Paid _____	Receipt # _____	Date Issued _____	Business License _____