

BUSINESS LICENSE APPLICATION

CITY OF LAKESIDE
P. O. BOX L
LAKESIDE, OR 97449
PHONE (541) 759-3011
FAX (541) 759-3711

For Office Use Only

NEW RENEWAL TRANSFER

FOR CALENDAR YEAR **2009**

Date Paid _____ Receipt No.: _____ Amount Paid \$ _____

Business License Number: _____ Issue Date: _____

APPLICANT, PLEASE COMPLETE THE FOLLOWING INFORMATION

Name of Business: _____

Contractors License No. If Applicable _____
(Please attach a copy of your current contractors license)

Description of Business: _____

Owner(s) of business *(those with a financial interest)*: _____

Address of business: _____

City, State, Zip of business: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ email: _____

Mailing Address: _____

City, State, Zip: _____

I/We hereby agree to abide by the terms and provisions of Ordinance No. 193.

Signature of applicant(s): _____

Date: _____

Authorized City Representative

Date