



CITY OF SHADY COVE
 Application for Business License
 PO Box 1210 ** 22451 Hwy 62
 Shady Cove, Oregon 97539
 Phone (541) 878-8206 ** Fax (541) 878-2226

Office Use Only

Receipt No: _____
 Date Paid: _____
 Amount: _____

Commercial \$85.00 **1-30 Day \$10.00**

Corporation Name: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ **Fax No:** _____ **Email:** _____

Cell Phone: _____ **State ID:** _____ **Federal ID:** _____

Date business opened or (for contractors) when job started in Shady Cove: _____

Complete Business Description: _____

Check one of the boxes that best describes your business:

Service Retail Sales Delivery Contractor Rentals Wholesaler
 Sale/Firearms Sale/Used Merchandise Door to Door Solicitation

Partnership LTD Sole Proprietorship Corporation LLC

Owner(s) of Business: _____

Have you ever had a City of Shady Cove Business License: Yes No

If yes, approximate date: _____

Do you own or lease building: Own Lease Home Occupancy: Yes No

Square footage of building: _____ Number of employees: _____

Emergency Contact Information:

Name: _____ Phone No: _____

Your business location and sign placement will be checked by the zoning, building, and municipal code department. If you have any doubt that your business location, activity, and/or building does not conform with the requirements of the municipal code, you are urged to contact those departments for further information before completing this application.

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true:

Owner or Authorized Signature _____ Date _____

Mail completed form to: City of Shady Cove, PO Box 1210, Shady Cove, Oregon 97539

Office Use Only

Planning Department: _____ Approved Denied Date: _____

Code Enforcement: _____ Approved Denied Date: _____