

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

License Number: _____ Calendar Year: _____

Check One: NEW RENEWAL TRANSFER (change of ownership, name or location)
 Transfer is change of ownership name location

Business name: _____

Name of owner or primary contact: _____

Mailing address: _____

Physical address of business: _____

Type of business: _____
If contractor, please attach copy of current CCB contractor's license.

Business phone: _____ Contact name: _____

Email address: _____

Emergency contact name: _____ Phone: _____

Does your business:
 serve or sell alcohol sell or produce cannabis products

I hereby certify that I possess all required licensure and certifications from all applicable local, state and federal agencies. Possession of a Lakeside business license does not in any way guarantee a holder has met the certification requirements for their occupation. I hereby agree to abide by all terms and provisions of Lakeside Municipal Code Section 110.

Applicant's signature _____ Date _____

_____ For staff use only _____

Date paid: _____ Receipt # _____ Amount paid _____

Approvals (Required for new or change of location)

Department	Approved	Date
Planning		
Fire Department		
Wastewater		
Water District		