

BUSINESS LICENSE APP.

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

FOR CALENDAR YEAR 2022.

FEES: \$70.00

PLEASE COMPLETE THE FOLLOWING INFORMATION:

PREVIOUSLY LICENSED BUSINESSES • PLEASE CHECK BOX IF THERE HAS BEEN ANY CHANGE OF INFORMATION

Check One: () NEW () RENEWAL () TRANSFER () HOBBY

Name of Business: _____

EIN/TIN: _____ Contractor's License No. (if applicable) _____
(Please attach a copy of your current CCB contractor's license)

Oregon Corporation Division Registry Number: _____

Description of Business: _____

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

Address/Location of Business: _____

City, State, Zip of Business: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ email: _____

Mailing Address: _____

City, State, Zip: _____

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

Signature of applicant(s): _____ Date: _____

Signature of applicant(s): _____ Date: _____

~ For Office Use Only ~

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

Business License Number: _____ Issue Date: _____ Authorization: _____