

CITY OF SILETZ  
200 BENSELL STREET, P.O. BOX 318, SILETZ, OR. 97380  
444-2521

**APPLICATION FOR BUSINESS LICENSE**

DATE: \_\_\_\_\_

APPLICANTS NAME: \_\_\_\_\_

BUSINESS NAME IF DIFFERENT: \_\_\_\_\_

LOCATION ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE NO: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

OWNERS MAILING ADDRESS IF DIFFERENT: \_\_\_\_\_

OWNERS HOME PHONE NO: \_\_\_\_\_

SOCIAL SECURITY NO. OR FEDERAL ID NO: \_\_\_\_\_

CONTRACTOR'S LICENSE NO: \_\_\_\_\_

IS BUSINESS A CORPORATION: Yes \_\_\_\_\_ No \_\_\_\_\_

IS LICENSE TO BE RENEWED ANNUALLY: Yes \_\_\_\_\_ No \_\_\_\_\_

I realize that there may Statutes, Ordinances and Regulations other than City Ordinances pertaining to the operation of this business. I further realize that knowledge of an compliance with such Regulations, Statutes and Ordinances are my responsibility.

\_\_\_\_\_  
Signature of Applicant