

CITY OF SILETZ
215 W BUFORD AVE, P.O. BOX 318, SILETZ, OR 97380
541-444-2521

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 be 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