



CITY OF NEWPORT

APPLICATION FOR BUSINESS LICENSE

City Hall, 169 SW Coast Hwy., Newport Oregon 97365

Business Name: _____

Business Location: _____

Mailing Address: _____

Nature of Business: _____

Type of Business (v one): Home Occupation* Vacation Rental/B'n'B* Sidewalk Sales* Taxi/Rideshare
 Vending Parking District Special Event Medical Marijuana Facility N/A

Number of Employees** : _____ Business Phone: _____ Business email: _____

Oregon Contractors Board License ID* _____ Expiration Date: _____

Manager or Property Owner: _____ Phone Number: _____

Address _____

Owner/CEO: _____ D.O.B. ____/____/____ DL #: _____

Home Address (PO Box not valid): _____

Home Telephone: _____ Cell Phone: _____ Email: _____

Applicant's failure to supply required information, or the applicant's submission of false or misleading information, is grounds for denying or suspending the license.

I hereby affirm that the above information is true to the best of my knowledge and belief:

Signature and Title _____ Date _____

You are hereby notified that, even after payment of the fee, planning department approval must be obtained before operating at any given location within the city. All ordinances of the City, including fire, planning and building must be complied with, in addition to any taxes or fees paid for the privilege of conducting a business within the city limits of Newport, Oregon.

******* FOR OFFICIAL USE ONLY *******

City of Newport Business Control # _____

Standard Industrial Classification (SIC) # _____

City of Newport Business License # _____

Department	Class Code	Signature/Title	Date	Business Application Fee	\$42.00
Zoning				Business License Annual Fee	\$138.00
Building Code				Endorsements	
Fire Code				Parking District Surcharge	
Public Works				Sidewalk	
Police				TOTAL	

* If applicable, additional forms may be required

** Only those who work within City limits (including owner(s))