



**City of Seneca**

Phone/Fax: (541) 542-2161

PO Box 208 / 106 A Ave.

Seneca, OR 97873

## BUSINESS LICENSE APPLICATION

CHECK ALL THAT APPLY	--- OFFICE USE ONLY ---	
<input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Business Name	Expiration Date: _____ Total Amt. Paid: _____ Date Paid: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check Receipt/Check Number: _____	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <b>Annual Fee: \$20</b>  <b>After July 1<sup>st</sup>: \$10</b> </div> <div style="border: 1px solid black; padding: 5px;">           License #: _____         </div>
<b>Business Information:</b>		

Start Date: \_\_\_\_\_ (Upon Approval) Description of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(Not P.O. Box)*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: ( ) \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Federal I.D.#: \_\_\_\_\_ State BIN #: \_\_\_\_\_

Ownership:  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietor

### Owner, Partner or Corporate Information:

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 

"I declare that the information in this application is true and correct."

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Thank you for doing business in the City of Seneca!*