



# CITY OF BEND BUSINESS LICENSE APPLICATION

As Required Under Bend Code Sections 7.700 – 7.790

***All fields required.***

The City of Bend requires a business license and application fee. Information obtained will be used to improve compliance with building and fire and life safety regulations, zoning and industrial wastewater discharge regulations, and to raise revenue. Issuance of a business license does not excuse a business from compliance with applicable federal, state or municipal laws, including regulations of the City.

## BUSINESS INFORMATION

**Business License Application Type -- Please Check One:**

**New License**     
  **Changes Only**     
 Existing Business / New Owner (Please Contact Our Office)

**Business Name (Please include all names associated with this business (i.e., dba, corporations etc.))**

**Business Street Address**

**Business Mailing Address (if different )**

**City, State, Zip**

**City, State, Zip**

**Date Business Established:**      /      /

**Type of Business:**     **For Profit**     **Non-Profit**

**Business Telephone (      )**

**Business Fax (      )**

## BUSINESS OWNER AND EMERGENCY CONTACT INFORMATION

**Principal Owner Last Name, First (or corporation name and contact person as appropriate)**

**Principal Owner Mailing Address**

**City, State, Zip**

**Owner Office Phone**

(      )

**Owner Cell Phone**

(      )

**Owner Home Phone**

(      )

**Local Emergency Contact Person and Relationship (Co-Owner, Property Manager, Leasing Agent, etc.)**

**Local Emergency Contact Mailing Address**

**City, State, Zip**

**After hours emergency contact number (      )**

## ADDITIONAL BUSINESS INFORMATION

**Business Classification (based on attached list of NAICS codes)**

**NAICS Code      Business Description:**

**Oregon Secretary of State Registry No.**

None

**Is your primary business location inside the Bend city limits? Yes  No**

**Contractors Only:**

**State Issued CCB #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**State Issued BCD #** \_\_\_\_\_

**Exp. Date** \_\_\_\_\_

**Date Business Opened at This Location:**

/      /

**If less than 6 months at this location, what type of business previously occupied this building?**

***Application continues on the following page.***

City of Bend • Business License • PO Box 1348 • Bend Oregon 97709 • (541) 388-5513

Non-Profits: Under what U.S. Internal Revenue Code section is the business organized?

Does this building have fire sprinklers? Yes  No  Not Applicable

**BUSINESS DEMOGRAPHIC INFORMATION**

Number of full time employees (including yourself)	Number of part time employees	Number of seasonal employees
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**MULTIPLE BUSINESS LOCATIONS**

*Multiple locations in Bend – Complete all information. If additional space needed, attach on a separate sheet of paper.*

Business Name (if different):				
Address:		Contact Person:		
Phone No.: ( )				
Date Business Opened at this Location:				
Number of Employees at this location:		Full Time:	Part Time:	Seasonal:
NAICS Code & Description:		Fire Sprinklers at this location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

Business Name (if different):				
Address:		Contact Person:		
Phone No.: ( )				
Date Business Opened at this Location:				
Number of Employees at this location:		Full Time:	Part Time:	Seasonal:
NAICS Code & Description:		Fire Sprinklers at this location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		

*Note: Fire and Building codes require building addresses to be visible from the street.*

**BUSINESS LICENSE APPLICATION FEE – Cash or check only.**

New License: (For Profit, new businesses)	\$50.00	\$
New License Application Fee: (Non-Profit)	- no charge -	- no charge -
If you were in business in 2006 or began your business in 2007, submit payment for those additional prior years to receive a current license <input type="checkbox"/> 2006 (first year businesses were required to obtain a business license) <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 (Current Year)	\$50.00 per year	\$
Penalty for Late Filing (after 8/17/07): Up to \$500.00 per violation, plus retroactive payment of \$200.00 for 2006, 2007, 2008 & 2009 licenses		\$ _____
All fees are non-refundable. Please make checks payable to: City of Bend	Total Fees:	\$

**SIGNATURE**

The undersigned declares under penalty of law that all information in this application is true.

Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_  
Please PRINT Name and Title

**FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Application Received Date:	PLN Approved by:
Cash Receipt #:	Application Entered By:
Cash Entered By:	Business License No:

**Accommodation Information for People with Disabilities**

Communication or other accommodations for people with disabilities are available upon advance request by completing the form Request for Accommodation or Barrier Removal (available in City offices, on the City website, or by contacting the Accessibility Manager at 693-2141 or [ADA@ci.bend.or.us](mailto:ADA@ci.bend.or.us)). Provide at least 48 hours notice to ensure availability. This document is available in an alternate format upon request. Contact us at 388-5505.

