BUSINESS LICENSE APPLICATION & RENEWAL FORM

Planning Department 722 S. Main / P.O. Box 6 Milton-Freewater, OR 97862 (541) 938-8234 (541) 938-8235 FAX (541)938-8224 mfcity.com

Fee: \$50.00

Business Name:	Business Phone:
Business Location in Milton-Freewate	r:
Mailing Address (if different):	
Owner/Applicant Legal Name:	Date of Birth:
Mailing Address:	
Phone Number:	Message Number:
Email	
May we contact you through email for	
Emergency Contact: Name:	Phone:
After Hours Contact: Name:	Phone:
	:
Number of Employees:	
***********	*******************
	PANE OR NATURAL GAS IN YOUR BUSINESS? YES / NO ARDOUS CHEMICALS IN YOUR BUSINESS? YES / NO
********	****************
which the license was issued, regardless of the provided on this application, the Business Licapproved by the City Planner and that submis	be valid from the date of issuance through the last day of the calendar year date of issuance during the year. If false or misleading information has been seeman be suspended or denied. I understand that this application must be sion of this application will therefore constitute consent for the City to conduct the business property if needed. The City Planner shall approve, approving calendar days of receipt.
If a change in occupancy occurs, an inspecti Marshall at 541-276-4076 to schedule an insp	on will be required by the State Fire Marshall. Contact Scott Goff, State Firection.
I understand that this form is only an applic application is not approved, a letter will be ser	ation. If approved, a license will be mailed to my business address. If the to notify me.
	BE NECESSARY BEFORE THE OWNER CAN COMMENCE BUSINES: MITS MUST BE APPROVED BY THE PLANNING DEPARTMENT PRIOR T
NEW APPLICATIONS ATTA	CH A COPY OF A GOVERNMENT ISSUED PHOTO ID
Signed:	Date:
Title:	