



# City of Newport Business Permit Application (Mobile)

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Location: **MOBILE**

Do you expect the business to gross > \$500/year \_\_\_\_\_ Do you expect > 20hrs business activity/year \_\_\_\_\_

Newport Address MOBILE  
Physical City \_\_\_\_\_  
Address: Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_  
Business Type: \_\_\_\_\_ # Employees on site: \_\_\_\_\_  
Business Owner: \_\_\_\_\_  
EID: \_\_\_\_\_  
DOB: \_\_\_\_\_ DL #: \_\_\_\_\_

Owner's Address \_\_\_\_\_  
Physical City \_\_\_\_\_  
Address: Zip \_\_\_\_\_  
Owner's Phone: \_\_\_\_\_

Sole Proprietor Corporation Partnership Private Ownership Professional  
Builders Board #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Oregon Corporation # \_\_\_\_\_

Business Address \_\_\_\_\_  
Mailing City \_\_\_\_\_  
Address: ZIP \_\_\_\_\_

Business Phone: \_\_\_\_\_  
Name of Business Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Property Owner: **MOBILE** Phone: \_\_\_\_\_

**Applicants' failure to supply required information or submission of false or misleading information is grounds for denying or suspending the license.**

Signature of Business Owner or Representative: \_\_\_\_\_  
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### FOR OFFICIAL USE ONLY

City of Newport Business Control #	_____	Business License Fee	_____
Standard Industrial Classification (SIC) #	_____	Application Fee	\$25.00
City of Newport Business License #	_____	TOTAL	_____

### Authorization of Business

Department	Class Code	Signature/Title	Date
Zoning	_____	_____	_____
Building Code	_____	_____	_____
Fire Code	_____	_____	_____
Public Works	_____	_____	_____
Police	_____	_____	_____