

CITY OF NEWPORT APPLICATION FOR BUSINESS LICENSE

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

Business Name:					
Business Locatio	n:				
Mailing Address:	:				
Nature of Busine	ess:				
	s (√ one):Hor	me Occupation [*] \	Vacation Rental,	/Bʻn'B [*] Sidewalk Sales [*] T tMedical Marijuana Facility _	axi/Rideshar
Number of Empl	loyees**:	Business Phone:		Business email:	
Oregon Contract	tors Board Licens	se ID*		Expiration Date:	
Nanager or Property Owner:		Phone Number:			
Address					
Owner/CEO:			5.05	/DL#:	
• —			D.О.В	/DL#	
Home Address (I	PO Box not valid)	:			
Home Address (I	PO Box not valid)	: Cell Phone:			
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