



BUSINESS LICENSE

(As Required Under Sisters Municipal Code Section 5.04)

City of Sisters

520 E. Cascade Ave.

P.O. Box 39

Sisters, OR 97759

www.ci.sisters.or.us

Ph (541) 549-6022

0170400

City of Sisters business licenses are effective July 1 of the current year until June 30 of the following year. License applications are considered delinquent after July 31.

This application is for fiscal year July 1, 2014 through June 30, 2015.

BUSINESS LICENSE APPLICATION TYPE	
New _____ Transfer or Change of Ownership _____ Information Change (Address/Name) _____ Changes: Please enter Current business license number _____ Federal Id # _____	
BUSINESS INFORMATION	
Business Name(Please include all names associated with this business (i.e. dba, incorporations etc.)	
Business Street Address	Business Mailing Address
City, State, Zip	City, State, Zip
Date of Business Established: ____/____/____	Business Email Address:
Business Telephone () -	Business Fax () -
Please give a brief description of your business:	
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 Home Number () -	Owner Cell Number () -
Local Emergency Contact Person and Relationship (Owner, Property Manager, ect.)	
Local Emergency Contact Mailing Address	City, State, Zip
After hours emergency contact number: () -	
ADDITIONAL BUSINESS INFORMATION	
Contractors Only: State Issued CCB# _____ Expiration Date _____ Federal Id# _____	
Is your primary business location inside City of Sisters city limits? Yes _____ No _____	



BUSINESS LICENSE

(As Required Under Sisters Municipal Code Section 5.04)

City of Sisters

520 E. Cascade Ave.

P.O. Box 39

Sisters, OR 97759

www.ci.sisters.or.us

Ph (541) 549-6022

BUSINESS LICENSE FEES

- | | | |
|---|-----------|----------|
| 1. Basic License | \$105.00 | \$ _____ |
| New Business: Pro-rated by the quarter after September 30 ____ Quarter x | \$ 26.25 | \$ _____ |
| 2. Non-Profit License Fee | \$ 10.00 | \$ _____ |
| 3. Total # of employees(including working owners, partners, and managers) | | |
| Total Employee _____ Minus credit of 1(one) = _____ | \$ 4.00ea | \$ _____ |
| 4. Parking District Fee (located within City Commercial District) | | |
| Business Space= _____ Sq. ft. x | \$.05 | \$ _____ |
| 5. Total Fee (All fees are non-refundable and non-transferable) | | \$ _____ |

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 _____

Please make checks payable to:
City of Sisters
 P.O.Box 39, Sisters, Oregon 97759
 Phone: (541) 549-6022

Application Received Date:	Planning Approved By:
Application Entered By:	Parking District:
Cash Receipt Number:	Building Dept. Approved By:
Business License Number:	

As partners in our community safety, this Business License application has been forwarded to the Deschutes County Sheriff's Office and the Sisters-Camp Sherman Fire District, Sisters, Oregon. Date: