**BUSINESS REGISTRATION APPLICATION**
**CITY OF TILLAMOOK**
**210 LAUREL AVENUE**
**TILLAMOOK, OR 97141**
**503-374-1814**
**Fax 503-842-3445**
**mtucker@tillamookor.gov**

**NOTICE: Acceptance of business registration application does not certify that applicant has complied with all City Code provisions.**

**All information must be completed before application will be accepted**
**Please review, make any additions or corrections, sign and return to City Hall with payment**

**Please print or type information.**

**Business Name**:_____**Business Phone**:_____

**Email Address**_____**Fax**_____

**Business Street Address**:_____

**Business Mailing Address**: _____

**Business Owners Name**: _____**Phone**:_____

**Additional Business Owners Name**:_____**Phone**:_____

**Type of business to be conducted**: _____

**Fees: $25.00 Surcharge in addition to registration fees per Resolution No. 1663**
**Base fee per Resolution No. 1661 (up to 11 employees) $ 75.00 + $25.00 = $100.00***
**12 – 30 employees $150.00 +$25.00 = $175.00***
**31 + employees $300.00 + $25.00 = $325.00***
***Two part-time employees (up to 24 hrs/wk) are considered one full-time employee for licensing costs.**
**Temporary (Up to three months) One-third of the annual fee + prorated surcharge ($6.25)**

**Business registrations follow the City's fiscal year and run from July 1 thru June 30 of the following calendar year. Registration and surcharge fees are prorated quarterly for new businesses.**

**Number of On-site Employees-Full Time**:_____**Part Time**:_____

(*Owner(s) counts as one employee*)

_____ _____ _____
**Date Submitted** **Print Applicant's Name** **Applicant's Signature**

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**OFFICE USE ONLY**

Receipt No. _____ Date Paid _____ Application No. _____

REV 4/20/17 Date Certificate Mailed _____