

City of Coos Bay Public Works & Community Development Department

500 Central Ave., Coos Bay, Oregon 97420 Phone 541-269-8918 • Fax 541-269-8916

Email: <u>permits@coosbayor.gov</u>

New Renewal Transfer (ownership)				
Permit Number:				
License Number:				
Office Use Only				

Commercial Location Rental Business License Application

Business name:		
(NOTE: All applicants must r	egister their business name with the State o	f Oregon if required.)
DBA:		
Rental address:		
Number of commercial rental units, reside	ential (triplex or more), or apartments	s per parcel
Mailing address:		
Email address:		
Building owner name:	Phone:	Email:
Management contact:	Phone:	Email:
Emergency contact name:	Ph	one:
What changes will be made to the buildin Describe structural/cosmetic changes that w	-	ne building/tenant space.
Off-Street Parking:# Exist	all current tenants listed (nonresidential ting# Shared (note: shared parking#	living units) ng requires evidence of right-of-joint use)
Please <u>return this application</u> with your c	heck made payable to the City of Co	os Bay
	type of business listed on the business license	f possession of any license, certificates, or registrations that application. Possession of a Coos Bay business license does
on the part of the city as to the amount of the fee. C	Other taxes or fees and the fees provided by come and other fees or taxes may be levied. No pe	ued as vesting any right in a license or a contract obligation ouncil resolution may be increased, decreased, or created by rson who has received a license and has paid the fee required
I hereby agree to abide by all terms and provisions of	of the code referred to above and to furnish otl	
		Office Use Only
		Date Paid:
Applicant's Signature	Date	Date Issued: