



114 East Main PO Box 579 Weston, OR 97886

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"This institution is an equal opportunity provider and employer"

APPLICATION FOR BUSINESS REGISTRATION

Today's Date _____	FEE:	\$30.00
	Year of License:	2018-2019
Business Name _____		
Type of Business _____		
Business Address PO Box _____, Street _____, Weston, OR 97886		
Business Telephone _____ Other _____		
Owner's Name if different than applicant _____		
Owner's Personal Address _____		
Applicant's # years with Weston Business _____		
Service and/or Merchandise Provided _____		

State/Federal Business Registration# _____		
Applicant's Printed name & Position Held _____		
Applicant' Signature _____		
Approved _____	Denied _____	Date _____