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“This institution is an equal opportunity provider and employer”

## ***APPLICATION FOR BUSINESS REGISTRATION***

<b>Today's Date</b> _____	<b>FEE:</b>	<b>\$40.00</b>
	<b>Year of License:</b>	<b>2021-2022</b>
<b>Business Name</b> _____		
<b>Type of Business</b> _____		
<b>Business Address PO Box</b> _____, <b>Street</b> _____, <b>Weston, OR 97886</b>		
<b>Business Telephone</b> _____ <b>Other</b> _____		
<b>Owner's Name if different than applicant</b> _____		
<b>Owner's Personal Address</b> _____		
<b>Applicant's # years with Weston Business</b> _____		
<b>Service and/or Merchandise Provided</b> _____		
_____		
<b>State/Federal Business Registration#</b> _____		
<b>Applicant's Printed name &amp; Position Held</b> _____		
<b>Applicant' Signature</b> _____		
<b>Approved</b> _____	<b>Denied</b> _____	<b>Date</b> _____