



BUSINESS LICENSE APPLICATION

Application Number _____

City of Adams

P.O. Box 20 190 North Main Street

Adams, Oregon 97810

Phone: 541-566-9380 Fax: 541-566-2077

Email: cityhall@cityofadamsoregon.us

Web: www.cityofadamsoregon.com

All information must be completed before the application will be accepted.

Business Name _____ Business Phone _____

Business Street Address _____

Business Mailing Address _____

Type of Business Conducted _____ Date Operations Will Commence _____

Applicant's Full Name _____

Applicant's Email Address _____

Applicant's Residential Address _____

Home Phone _____

Number of Employees in Business (including owner) _____

Building Owner's Name _____ Phone _____

Please attach copies of all other business licenses, certificates and registrations required by other local, state or federal jurisdictions.

EMERGENCY CONTACT INFORMATION

Name

Phone

1. _____

2. _____

Alarm System Company _____ Phone _____

Type: Audible _____ Silent _____ Hold-up _____ Fire _____ Other _____

Fire Insurance Company _____ Phone _____

Is this a home based business _____ YES _____ NO

Does the building have a fire sprinkler system _____ YES _____ NO

Are there hazardous material stored or used on premises _____ YES _____ NO

If yes, please list materials and the location stored on a separate sheet.

PLEASE RETURN COMPLETED APPLICATION TO CITY HALL