

CITY OF SPRINGFIELD, OREGON

225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH: 541-726-3753 • FAX: 541-726-3689



BUSINESS LICENSE APPLICATION

All fees are non-refundable and includes a 5% technology fee

LICENSE TYPE			
<input type="checkbox"/> Auctioneer <input type="checkbox"/> \$183.75 per Fiscal Year <u>or</u> <input type="checkbox"/> \$72.45 per day	<input type="checkbox"/> Auto Wrecker \$72.45 per Fiscal Year		
<input type="checkbox"/> Dance Hall <input type="checkbox"/> \$183.75 Initial <u>or</u> <input type="checkbox"/> \$93.45 Renewal	<input type="checkbox"/> Electrical Products \$38.85 per Fiscal Year		
<input type="checkbox"/> Pool Billiard Room \$60.90 Base Fee + Number of Tables _____	<input type="checkbox"/> Sound Truck <input type="checkbox"/> \$60.90 per Fiscal Year <u>or</u> <input type="checkbox"/> \$7.35 per day		
<input type="checkbox"/> Manufactured Dwelling Park Number of Spaces _____ 1-25 spaces \$31.50 / 26-50 spaces \$60.90 / 51-75 spaces \$89.25 / 76-100 spaces \$114.45 / Over 100 \$114.45 + 1.32 per space over 100			
BUSINESS INFORMATION			
Business Name:		DBA:	
Physical Address:			
City:		State	Zip Code
Business Phone Number:		Days and Hours of Operation:	
Mailing Address: <input type="checkbox"/> Same as above			
City:		State:	Zip Code:
Contact Name at Business Location:		Contact Phone Number:	
Federal ID Number:		State of Oregon Registry Number:	
BUSINESS OWNER AND CONTACT INFORMATION			
Business Owner's Full Name:			
Contact Phone Number:		Email Address:	
Business Owner's Mailing Address: <input type="checkbox"/> Same as above			
City:		State:	Zip Code:
PROPERTY OWNER AND CONTACT INFORMATION			
Do you own or lease the property? <input type="checkbox"/> Own <input type="checkbox"/> Lease			
Property Owner's Full Name:			
Mailing Address:			
City:		State:	Zip Code:
Email Address:		Contact Number:	
SIGNATURE AND INFORMATION			
Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process.			
The information provided on this form is true and complete to the best of my knowledge			
Applicant's Name: (Please Print)		Date:	
Applicant's Signature:		Phone Number:	
Payment must be submitted with application. Make checks payable to: City of Springfield			
Mailing Address: City of Springfield, Business Licensing, 225 Fifth Street, Springfield, OR 97477			

The Business License year is July 1st through June 30th of each year (Fiscal Year). Applications during the business year are not pro-rated and are subject to the entire fee. A penalty of \$10.00 or ten percent of the license fee, whichever is greater, shall accrue for each month a business has operated without obtaining a business license. All Business Licenses are subject to a 5% technology fee. All fees are non-refundable and no license is transferable.