



P.O Box 970  
Newberg, OR 97132

## BUSINESS LICENSE APPLICATION

### Applicant Information

Full Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Business Phone: ( ) Contact phone : ( )

Type of business: \_\_\_\_\_

Number of employees: \_\_\_\_\_. EMAIL ADDRESS \_\_\_\_\_

*This information is being requested in accordance with City of Newberg regulations.*

Owner 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) Contact phone : ( )

Owner 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: ( ) Contact phone : ( )

Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Alarm**☐ Yes☐ No**License Fee (Home Occupations need a Type I Application Approval )**☐ Home Occupation☐ \$25.00☐ General☐ \$50.00

**Note:** If your business changes its name and continues to be owned by the same person(s), the City must be notified within 30 days of the change and pay a \$10.00 administrative fee.

If your business changes ownership, even though it continues at the same address or with a different name, the new owner(s) shall obtain a new business license.

There is a 5% penalty for each calendar month or fraction thereof of delinquency. A violation of the licensing program can also result in a Class 4 Civil Infraction.

*This license does not allow operation of a business in violation of City or other laws. Additional licenses may be necessary. Please contact the Community Development Dept. or other appropriate agency for more information.*

Signature: \_\_\_\_\_, Date: \_\_\_\_\_