

# CITY OF MONMOUTH BUSINESS REGISTRATION



151 Main St. W  
MONMOUTH, OR 97361 (503)838-0722  
**\$25.00 NON REFUNDABLE FEE**

**Entire application must be complete.  
Incomplete forms will not be processed.  
If a question is not applicable, write N/A.**

Registration License #:  
BR \_\_\_\_\_ - \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ OWNERS NAME \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_ TARGET OPENING DATE \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_  
MAILING ADDRESS (If different than above) \_\_\_\_\_  
DAYS/HOURS OF OPERATION \_\_\_\_\_ IF TEMPORARY, DATES OF OPERATION \_\_\_\_\_  
IS THIS BUSINESS A REGISTERED NON-PROFIT  YES  NO  
TYPE OF BUSINESS:  RETAIL  OFFICE  SERVICE  WHOLESALE  MANUFACTURING  
 WAREHOUSE  STORAGE UNITS  OTHER \_\_\_\_\_  
DESCRIBE YOUR BUSINESS, PLEASE BE SPECIFIC \_\_\_\_\_

IS THIS SPACE SHARED WITH ANOTHER BUSINESS?  YES  NO IF YES, WHO \_\_\_\_\_  
WHAT BUSINESS WAS PREVIOUSLY LOCATED AT THIS ADDRESS \_\_\_\_\_  
HAS THE BUILDING OR SPACE BEEN VACANT FOR MORE THAN 6 MONTHS  YES  NO  
ARE YOU CHANGING, ADDING OR REMOVING A SIGN OR SIGNS?  YES  NO (**Contact Building regarding permits**)  
IS THIS NEW CONSTRUCTION  YES  NO IF NO, DO YOU PLAN ON MAKING CHANGES TO THE BUILDING OR SITE  
 YES  NO IF YES, PLEASE DESCRIBE \_\_\_\_\_

**Generally registrations are issued within 10 business days; however, construction or remodeling may cause a delay and may require additional permits. Applicants may wish to contact the Building Dept. (503-751-0138) for a voluntary pre-application conference.**

SELLING OR PREPARING FOOD?  YES  NO SELLING OR DISPENSING ALCOHOL?  YES  NO  
WILL YOU BE OPERATING A VENDING CART?  YES  NO IF YES, WILL THE CART BE: MOBILE  YES  NO  
STATIONARY  YES  NO IF YES, LIST LOCATION(S) YOU HAVE BEEN APPROVED TO PARK YOUR CART \_\_\_\_\_  
DOES YOUR CART REQUIRE ELECTRICITY  YES  NO PROPANE GAS  YES  NO OTHER \_\_\_\_\_

**As applicant for a City of Monmouth business registration, I hereby certify that I understand the requirements of Monmouth Municipal Code are available upon request and I must comply with all state and federal bonding and licensing requirements in connection with my business.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**YOU MUST NOTIFY THE CITY RECORDER'S OFFICE OF TELEPHONE NUMBER CHANGES OR IF THE BUSINESS CLOSSES. CHANGE OF OWNERSHIP OR RELOCATION REQUIRES A NEW REGISTRATION**

*For Office Personnel Only*

*Date application received* \_\_\_\_\_

RECEIPT # \_\_\_\_\_ Prior BR at site \_\_\_\_\_

Comm. Dev. - Yes \_\_\_ No \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_ P & L - Yes \_\_\_ No \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

Building - Yes \_\_\_ No \_\_\_ \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_ Pub Works - Yes \_\_\_ No \_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ By \_\_\_\_\_

Approval Yes \_\_\_ No \_\_\_ (If No, attach memorandum outlining denial) Comments: \_\_\_\_\_

***THIS APPLICANT HAS MET THE REQUIREMENTS FOR BUSINESS REGISTRATION PURSUANT TO THE MONMOUTH MUNICIPAL CODE***

\_\_\_\_\_  
Monmouth City Recorder or Designee

\_\_\_\_\_  
Date

**BUSINESS NAME:** \_\_\_\_\_ **BR#** \_\_\_\_\_

Notes:  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_