

CITY OF LINCOLN CITY
APPLICATION FOR BUSINESS OCCUPATION TAX PERMIT

Registered Business Name _____
Nombre Comercial
Doing Business As _____

Business Location/Ubicación de la empresa _____
(Street/Calle) (City/Ciudad) (State/Estado) (Zip/Código Postal)

Mailing Address/Dirección Postal _____
(Street/Calle) (City/Ciudad) (State/Estado) (Zip/Código Postal)

Nature of Business/Tipo de Negocio _____

Phone 1 #/Tel #1 _____ Phone 2 #/Tel #2 _____

Email Address/Correo Electrónico _____

Manager or Contact Person/Gerente o persona de contacto _____
(Name/Nombre) (Position/Cargo) (Daytime Phone #/Tel)

Proprietor / Owner if not Contact Person-Titular/propietario si no es la persona de contacto _____

Business Classification/Clasificación de la empresa:

Sole Proprietorship/Empresa Unipersonal _____ Partnership/Sociedad Colectiva _____ Corporation/Sociedad Anónima _____ LLC/Sociedad de responsabilidad limitada _____

Non-Profit/Organización sin lucro _____ *Please attached IRS 501c3 designation letter/Adjunte la carta de designacion 501c3 del IRS

Number of Employees/Número de Empleados _____ (only those who work inside the City limits, **including owners**) (solo aquellos que trabajan dentro de los limites de la ciudad, **incluidos los propietarios**)

Please list state required licenses (if applicable) Enumere las licencias exigidas por el estado _____
(ie: CCB# for Contractor, Plumber, Electrician, etc...)(por ejemplo: num. CCB para contratistas, plomeros, electricistas, etc)
Oregon Business Registry No.#/N.º de registro mercantile de Oregon: _____
Non Profit EIN #/ N.º de EIN de organizacion sin lucro: _____
Previous or Current BOTP #/ N.º BOTP anterior o actual: _____

I hereby affirm that the above information is true to the best of my knowledge and belief./Por la presente declaro que, según mi saber y entender, la información es veraz.

Signature and Title/Firma y Cargo

Date/Fecha

NOTICE: Planning Department approval must be obtained and Finance Department fees paid before conducting business within the city limits of Lincoln City, Oregon.

APPLICATION FEE/TASA DE SOLICITUD:	\$50.00	Does not apply toward Annual Fee and is <u>Non-Refundable/No se aplica a la cuota anual y no es reembolsable</u>
ANNUAL FEE/CUOTA ANUAL:	\$100.00	Owner and 2 additional employees included/Incluye al propietario y a 2 empleados adicionales
EMPLOYEE FEE/CUOTA POR EMPLEADO:	\$10.00	Per employee working in the city after 3 included with annual fee/Por cada empleado que trabaje en la ciudad a partir del tercer empleado, incluido en la cuota anual

PLEASE COMPLETE THIS FORM, SIGN, AND PAY APPLICABLE FEES TO:
 City of Lincoln City * Finance Department * 801 SW Hwy 101 3rd Floor
 PO Box 50 * Lincoln City * OR * 97367-0050
Finance_AR@lincolncity.org (if emailed, we will contact you for payment)

PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

Assessor's Map/Tax Lot _____

Zoning _____

Home Occupation Agreement Complete? (Circle one) YES NO N/A

Change of Building Use / Occupancy Classification? YES NO N/A

Fire Marshall:

Date Email Sent: _____ Response Attached: (Check when complete)

Building Official:

Date Email Sent: _____ Response Attached: (Check when complete)

Waste Water Depart:

Date Email Sent: _____ Response Attached: (Check when complete)

Approval _____

Signature

Date