



# BUSINESS LICENSE City of Sisters

520 E. Cascade Ave.

P.O. Box 39

(As Required Under Sisters Municipal Code Section 5.04) Sisters, OR 97759

www.ci.sisters.or.us

Ph (541) 549-6022

City of Sisters business licenses are effective July 1 of the current year until June 30 of the following year. License applications are considered delinquent after July 31.

*This application is for fiscal year July 1, 2007 through June 30, 2008.*

**Outside City Limits**

BUSINESS LICENSE APPLICATION TYPE	
New _____ Transfer or Change of Ownership _____ Information Change (Address/Name) _____	
Changes: Please enter current business license number _____	
BUSINESS INFORMATION	
Business Name(Please include all names associated with this business (i.e. dba, incorporations etc.)	
Business Street Address	Business Mailing Address
City, State, Zip	City, State, Zip
Date of Business Established: ____/____/____	Business Email Address:
Business Telephone ( ) -	Business Fax ( ) -
Has the character of your business changed during the last year? Yes or No If yes, explain the change briefly:	
BUSINESS OWNER AND EMERGENCY CONTACT INFORMATION	
Principal Owner Last Name, First (or corporation name and contact person as appropriate)	
Principal Owner Mailing Address	City, State, Zip
Owner Office Number ( ) -	Owner Cell Number ( ) -
Owner Home Number ( ) -	
Local Emergency Contact Person and Relationship (Owner, Property Manager, etc.)	
Local Emergency Contact Mailing Address	City, State, Zip
After hours emergency contact number: ( ) -	
ADDITIONAL BUSINESS INFORMATION	
Contractors Only: State Issued CCB# _____ Expiration Date _____	
Is your primary business location inside City of Sisters city limits? Yes _____ No _____	



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BUSINESS LICENSE APPLICATION TYPE			TOTAL
1. <b>Basic License Fee</b>	\$100.00		\$ _____
<i>New Business will be prorated by the quarter if applied for after September 30.</i>			
	_____ quarters x \$ 25.00		\$ _____
2. <b>Total number of employees</b> , including working owners, partners, and managers			
(Total) _____ Minus credit of one (1) = _____	x \$ 4.00		\$ _____
3. <b>PARKING DISTRICT</b> (if applicable)			
Business space = _____ sq. ft. x \$ 0.05			\$ _____
4. <b>BARCLAY PARK MAINTENANCE</b>			\$ <b>5.00</b>
5. <b>TOTAL FEE</b> (all fees are non-refundable and non-transferable)			\$ _____

SIGNATURE	
The undersigned declares under penalty of law that all information in this application is true.	
Signature of Authorized Representative _____	Date _____
Please PRINT Name and Title _____	

Please make checks payable to:  
**City of Sisters**  
 P.O.Box 39, Sisters, Oregon 97759  
 Phone: (541) 549-6022

FOR OFFICE USE ONLY - DO NOT WRITE BELOW LINE	
Application Received Date:	Planning Approved By:
Application Entered By:	Business License Number:
Cash Receipt Number:	
This application has been forwarded to: Sisters/Camp Sherman Fire Dept. for compliance with state fire codes and Deschutes County Sheriff's Dept., Sisters, OR Date: _____	