

# Business License

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | www.ci.sisters.or.us



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, 2019 through June 30, 2020**

## BUSINESS LICENSE APPLICATION TYPE

New \_\_\_\_\_ Transfer or Change of Ownership \_\_\_\_\_ Information Change (Address/Name) \_\_\_\_\_  
 Short Term Rental Operating License \_\_\_\_\_ (must include Business License Attachment 1 for each STR unit)  
 Current Business License # \_\_\_\_\_ Federal Id # \_\_\_\_\_

## 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 ( _____ ) - _____

Please give a brief description of your business:

## 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 Home Number ( _____ ) - _____	Owner Cell Number ( _____ ) - _____

Property Owner Name and Phone Number (Property Manager, Management Company etc.)

Local Emergency Contact	Local Emergency Contact Phone Number
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After hours emergency contact number: ( \_\_\_\_\_ ) - \_\_\_\_\_

## ADDITIONAL BUSINESS INFORMATION

Contractors Only: State Issued CCB# \_\_\_\_\_ Expiration Date \_\_\_\_\_ Federal Id# \_\_\_\_\_

Is your primary business location inside City of Sisters city limits? Yes \_\_\_\_\_ No \_\_\_\_\_

**BUSINESS LICENSE FEES**

1. Business License July 1	\$105.00	\$ _____
<b>Pro-Rated after September 30:</b>		
3 Quarters October 1-December 31	\$78.75	\$ _____
2 Quarters Jan 1-Mar 31	\$52.50	\$ _____
1 Quarter April 1-June 30	\$26.25	\$ _____
2. Non-Profit License Fee	\$10.00	\$ _____
3. Total # of employees(including working owners, partners, and managers)		
Total Employee _____ Minus credit of 1(one) = _____	\$ 4.00ea	\$ _____
4. Parking District Fee (located within City Commercial District)		
Business Space= _____ Sq. ft. x \$ .05		\$ _____
5. Total Fee (All fees are non-refundable and non-transferable)		\$ _____
6. Short Term Rental License(s) Total Units _____ x	\$100.00	\$ _____
7. Vehicle For Hire Operation License # of Drivers _____		\$ _____

**Note: Approval of a Business License Application does not relieve an applicant from obtaining a sign permit when one is required. If a sign is erected or placed prior to approval of a required sign permit, the sign permit application fee may be doubled.**

**Initials indicate that I have read and understand these terms**

\_\_\_\_\_ **Initials**

**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  
Fax: (541) 549-0561

Application Received Date:	Planning Approved By:
Application Entered By:	Parking District:
Cash Receipt Number:	Building Dept. Approved By:
Business License Number:	

As partners in our community safety, this Business License application has been forwarded to the Deschutes County Sheriff's Office and the Sisters-Camp Sherman Fire District, Sisters, Oregon. Date:

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