



*City of Florence*

# Business License Application

City Hall ~ 250 Hwy 101, Florence, OR 97439  
(541) 997-3437 – www.ci.florence.or.us

Business Name:			
Physical Address:		In City Limits?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mailing Address:		City, State, Zip:	
Business Phone:		Business Email:	

Detailed Description of Business:			
Business Based in a Home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes... Home Occupation Form Required (if in City Limits)	
Selling from Temporary Location? (i.e. peddler, vendor, transient merchant?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes... Transient Merchant/Vendor/Peddler Form Required	
Door to door Solicitation and/or Security Services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes... Name, Driver's License, Date of Birth required for each participant	
Used Merchandise Dealer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes....See FCC 3-1-8-8 for additional restrictions	
Taxi Service? (including limousine, bus, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes....See FCC 3-4 for additional restrictions	
List any Federal, State, County licenses and numbers required (i.e. CCB, 501(c)3, etc., license numbers)			
Number of Employees	Part Time:		Full Time:

### Owner Contact Information

### Co-Owner / Manager Contact Information

Name:			Name:		
Driver's License Number:	State:		Driver's License Number:	State:	
Date of Birth:			Date of Birth:		
Phone Number:			Phone Number:		
Email:			Email:		

In Case of Emergency regarding your business, please furnish after hours contact information.

Name:		Phone Number:	
-------	--	---------------	--

- I certify that the above information is correct.
- Pursuant to FCC 3-1-3-2-B, I understand that an Oregon Criminal History Check will be performed on the owner/manager listed above, and if applicable additional parties. Such data may be considered to determine my fitness to perform the licensed activity without endangering public health or safety.

Name of Applicant:		Applicant Phone Number:	
Signature:		Date:	

**\*\* ALL FEES ARE NON-REFUNDABLE \*\***