



**City of Coos Bay**  
**Public Works & Community Development**  
500 Central Ave., Coos Bay, Oregon 97420  
Phone 541-269-8918 • Fax 541-269-8916

**Business License & Home Occupation  
Application**

☐ New    ☐ Renewal    ☐ Transfer    ☐ No longer in business (or call 541-269-8918)

License Number: \_\_\_\_\_ Calendar Year: \_\_\_\_\_

Business name: \_\_\_\_\_  
(NOTE : All applicants must register their business name with the State of Oregon if required.)

Name of owner or primary contact: \_\_\_\_\_

Mailing address : \_\_\_\_\_

Physical address of business: \_\_\_\_\_

Type of business: \_\_\_\_\_

Business phone: \_\_\_\_\_ Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone : \_\_\_\_\_

**SCHEDULE OF BUSINESS LICENSE FEES (fee schedule per Resolution)**

**GENERAL RETAIL & SERVICE BUSINESS**

Number of employees, including owners

1 to 5 persons:     \$26.25  
6 to 10 persons:    \$52.50  
11 to 20 persons:   \$105.00  
21 to 30 persons :   \$131.25  
Over 30 persons:    \$157.50

**CONTRACTOR**

(as listed with the Oregon State CCB)

General Contractor     \$131.25  
Special Contractor     \$78.75  
Limited Contractor     \$26.25

**Fee Due**

General Retail & Service Businesses: Number of employees (including owners) = \_\_\_\_\_

Contractors: CCB License   ☐ General   ☐ Limited   ☐ Special   CCB No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Occupation Application Fee \_\_\_\_\_ + \$36.75

**Total = \_\_\_\_\_**

**Please return this application with your check made payable to the City of Coos Bay**

Pursuant to Coos Bay Municipal Code 5.05.080 1(d), the City of Coos Bay may request proof of possession of any license, certificates, or registrations that are required by state or federal laws to conduct the type of business listed on the business license application. Possession of a Coos Bay business license does not in any way guarantee a holder has met the certification requirements for their occupation. I hereby agree to abide by all terms and provisions of the code referred to above and to furnish other information as may be required.

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

\_\_\_\_\_  
**Date**

\*\*\*Department Use Only\*\*\*

Date Paid: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Business License Number: \_\_\_\_\_

**HOME OCCUPATION**

In accordance with Coos Bay Municipal Code, Chapter 17.320 a permit for home occupations is required. The intent of the ordinance is to assure that the home occupation does not infringe upon the rights of other residents or alter the residential character of the area.

Answer the following questions as complete as possible; use additional paper if necessary. Approval of the permit will be based on specific facts.	STAFF REVIEW ONLY Comply? Yes/No
1. Will there be retail sales from the premises?	
2. What activities will be conducted on the premises?	
3. Who will be working on the premises?	
4. What kind of changes do you propose to make to the dwelling on the inside?	
5. What kind of changes do you propose to make to the dwelling on the outside?	
6. What kind of equipment or material will be used?	
7. Where will equipment, material, or products be stored?	
8. If deliveries will be made to the premises, how often and by what means?	
9. How many customers are expected on the premises at any one time?	
10. Where will customers park their vehicles?	
11. What is the total floor area (square feet) of <u>all</u> buildings on the property?	
12. What portion (square feet) of the buildings will be used for the home occupation?	
13. Are you the owner of the property? If not, please provide <u>written</u> permission from the owner to conduct the proposed business.	

The above statements are true to the best of my belief and knowledge. As the applicant, I understand that any violation of the terms of Coos Bay Municipal Code, Chapter 17.320, may be cause for revocation of a home occupation permit.

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

<b>STAFF DECISION</b> <input type="checkbox"/> Approved as submitted <input type="checkbox"/> Approved with corrections or conditions <input type="checkbox"/> Referred to the Planning Commission	Date Reviewed: _____  Reviewed By: _____
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