CITY OF TOLEDO
APPLICATION FOR BUSINESS LICENSE

Business Name _____

Business Location _____

Mailing Address (if different) _____

Business Phone _____ Is the business a corporation? Yes ☐ No ☐

Natures of Business _____

_____

Federal, State, or Trade license numbers (if applicable): _____
(attach a copy of license to this application)

Owner of Business _____

Home Address _____ Phone _____

Manager/Proprietor (if different) _____

Property Owner _____

Address _____ Phone _____

You are hereby notified that even after payment of the fee, Planning Department approval must be obtained before operating, at any given location within the City. All Ordinances of the City, including fire, planning and zoning, must be complied with in addition to any taxes or fees paid for the privilege of conducting a business within the City limits of Toledo, Oregon.

I hereby affirm that the above information is true to the best of my knowledge.

_____ _____
Applicant Signature Date

Number of Employees	Amount
1 or 2	$50.00
3 to 5	$75.00
6 to 10	$100.00
11 to 20	$150.00
21 to 50	$250.00
in excess of 50	$400.00

License fee from schedule $ _____
+
Application fee $ 25.00
=
Total $ _____

Please complete this form, sign and pay applicable fees to:

City of Toledo
Attn: Finance Department
P.O. Box 220
Toledo, OR 97391

Phone: 336-2247

***** FOR OFFICE USE ONLY *****

BUSINESS LICENSE APPLICATION CHECKLIST
DEPARTMENT REVIEW

Fire Department ☐ Fire Inspection Scheduled for Later Date

Inspected By ☐ Fire Chief ☐ Code Enforcement ☐ None Required

Fire Inspection Comments _____

_____

Fire Recommendation ☐ Approval ☐ Denial

_____ _____
Signature Date

Planning Department

Assessor's Map/Tax Lot # _____ Zoning _____

Code/Building Comments: _____

_____

_____

Planning Recommendation ☐ Approval ☐ Denial

_____ _____
Signature Date

Finance Department

Water/Sewer Current Billing _____

Water/Sewer Delinquent Billing _____

Water/Sewer Comments _____

_____

Assessments _____

Other Liens _____

Finance Recommendation ☐ Approval ☐ Denial

_____ _____
Signature Date

Activity No. _____

License No. _____