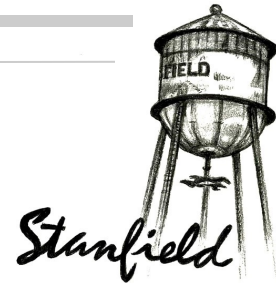


CITY OF STANFIELD

160 S Main—PO Box 369—Stanfield, OR 97875



Tom McCann
Mayor

Benjamin Burgener
City Manager

City Hall: 541-449-3831
Fax: 541-449-1828

Business License Application

Calendar Year Applied For _____

Application Fee Submitted \$ 20.00

New License _____ Renewal License _____

Name _____

Mailing Address _____

Phone# _____

Email Address _____

Business Name _____

Business Street Address _____

Business Phone# _____

Business Email _____

Type of business/goods sold etc. _____

Does your business require the use of chemicals that may pose a health hazard to the public, or require special consideration in the case of a fire? _____

Attach a copy of any registration, bonding, or insurance required by the State or Federal Governments.

I certify that this information is true and complete to the best of my knowledge.

Signature

Date