



# City of Brownsville Business Registration Application

**Fee: \$15.00**

255 N. Main Street • P.O. Box 188 • Brownsville, OR 97327 • 541.466.5666 • Fax 541.466.5118 • TT/TDD 800.735.2900

Please type or print this form. Signature of an owner or officer is required on this document. Please return your completed application & payment to City Hall.

NEW  TRANSFER

Business Name/DBA: \_\_\_\_\_

Name of Owner/Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Ownership Type (Please Check One)**

- Sole Owner     Partnership (# of partners \_\_\_\_\_)     LLC/LLP Sole Owner (# of partners \_\_\_\_\_)
- Trust             Corporation (State \_\_\_\_\_)             Non-Profit     Other \_\_\_\_\_

Please list the true names, addresses & phone numbers of all persons financially interested in the business: *(If other parties are involved, please list this information on the back of this document or on an additional sheet of paper.)*

Last Name	First	Middle
-----------	-------	--------

Address	Phone
---------	-------

Last Name	First	Middle
-----------	-------	--------

Address	Phone
---------	-------

For Official Use Only: <input type="checkbox"/> Fee Paid    Date Received _____    Initials _____
---



## City of Brownsville Business Registration Application

255 N. Main Street • P.O. Box 188 • Brownsville, OR 97327 • 541.466.5666 • Fax 541.466.5118 • TT/TDD 800.735.2900

Please describe ***in detail*** your business activity. Please list any relevant safety issues including, but not limited to, alarm company contact, storage of chemicals, processes, applications, stored materials, emergency contact designee, the nature of your business, and any other relevant factors for fire protection and law enforcement personnel.

By making this application for registration, the applicant represents that he/she is aware of the requirements of the Brownsville Municipal Code, Chapter 5 and Chapter 15 and hereby agrees to comply with those requirements. Our website is located at [www.ci.brownsville.or.us](http://www.ci.brownsville.or.us).

I, \_\_\_\_\_, applicant or authorized representative of applicant, swear and affirm that all statements contained in this application, including statement of my authority are true under penalties of perjury. I understand further that this information will be shared with other agencies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
Date