



City of Rockaway Beach  
276 S. Hwy 101, PO Box 5  
Rockaway Beach, OR 97136  
[cityhall@corb.us](mailto:cityhall@corb.us)

## City Of Rockaway Beach Business License Application

Fiscal Year July 1, 20\_\_ through June 30, 20\_\_

New Application    Reinstatement    Contractor    Home Occupation    Food Service

Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Type of or Description of Business: \_\_\_\_\_

### **CONTRACTOR APPLICANTS:**

**All contractors and sub-contractors are required to have a city business license.**

Contractor-General    Contractor-Building    Contractor-Electrical    Contractor-Plumbing    Contractor-Mechanical  
 Contractor-Roofing    Contractor-Drywall    Contractor-Excavation    Contractor-Landscaping    Contractor-Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Business License Fee Schedule**

Annual business license fee: \$65 per fiscal year (July 1 through June 30<sup>th</sup>)  
Annual business license fee for additional businesses (same owner): \$32.50 per fiscal year  
Transfer of business license to new owner: \$10.00  
Amendment/change to business license: \$10.00  
One day business license: \$5.00  
New application one-time administration fee: \$20.00

**Fees for new business license are pro-rated by fiscal year quarters as follows:**

Beginning between July 1<sup>st</sup> through September 30<sup>th</sup>: \$65.00  
Beginning between October 1<sup>st</sup> through December 31<sup>st</sup>: \$48.75  
Beginning between January 1<sup>st</sup> through March 31<sup>st</sup>:  
Beginning between April 1<sup>st</sup> through June 30<sup>th</sup>: \$16.25  
(There is no pro-rated fee refund for businesses who stop doing business during a fiscal year.)

**For Staff Use Only:**

Payment received on: \_\_\_\_\_ By: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Check # \_\_\_\_\_  Cash Amount \_\_\_\_\_

Credit Card \_\_\_\_\_  
Credit Card # Exp. Billing Zip Code

**Staff Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Planning Dept. Date Reviewed: \_\_\_\_\_ Approval Status: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Public Works Date Reviewed: \_\_\_\_\_ Approval Status: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Fire Dept Date Reviewed: \_\_\_\_\_ Approval Status: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Administration Date Reviewed: \_\_\_\_\_ Approval Status: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



