



City of Rockaway Beach
276 S. Hwy 101, PO Box 5
Rockaway Beach, OR 97136
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 30th)
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 1st through September 30th: \$65.00
Beginning between October 1st through December 31st: \$48.75
Beginning between January 1st through March 31st: \$32.50
Beginning between April 1st through June 30th: \$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: _____

