



# CITY OF INDEPEDENCE GENERAL BUSINESS REGISTRATION FORM

THIS FORM MUST BE COMPLETED IN LEGIBLE HANDWRITING OR TYPED. FORM MUST BE SIGNED.  
**BUSINESS NAME, ADDRESS, PHONE AND TYPE OF BUSINESS WILL BECOME PUBLIC RECORD.**

New Business |  Change of Ownership |  Change of Location |  Change of Name |  Other \_\_\_\_\_

Business Name: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

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

Business Hours: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Owner/Operator Name and Title: \_\_\_\_\_  On-Site  Off-Site

Owner/Operator email: \_\_\_\_\_ Phone #: \_\_\_\_\_

County/State/Federal License/Certification (if applicable) Type and #: \_\_\_\_\_

Type of Business:  Retail |  Service |  Resturant |  Convenience Store |  Gym |  Lawn Maintenance

Home Based\* |  Non Profit or Charitable\* |  Educational Organizations\* |  Other: \_\_\_\_\_

Description of Business: \_\_\_\_\_

May we share the above information with the Monmouth Independence Chamber of Commerce? Yes  No

**The following Confidential Emergency Contact Information will be used only by Emergency Services Personnel**

Emergency Contact #1: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone #: \_\_\_\_\_

I hereby certify that the information contained herein is true to the best of my knowledge. I agree to abide by the Code of Ordinances of the City of Independence and to correct any hazards or violations that may pertain to the above business.

Print Owner/Operator's Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Date:

**Return this form and fee to:**

City of Independence  
555 South Main Street  
P.O. Box 7  
Independence, OR 97351

Initial Application Fee: \$25.00

Annual Renewal Fee: \$15.00

\* Exempt Businesses. Please Return This Form. No Fee.