



**CITY OF SUTHERLIN
BUSINESS REGISTRATION APPLICATION**

Complete applicable and return to the City of Sutherlin, 126 E Central, Sutherlin, OR, 97479, (541) 459-2857

Date: _____

PERSONAL INFORMATION

NAME _____

MAILING ADDRESS _____

PHONE _____ CELL _____ EMAIL _____

BUSINESS INFORMATION

NAME OF BUSINESS _____

OREGON ASSUMED BUSINESS NAME (if different) _____

BUSINESS TYPE:

SOLE PROPRIETORSHIP LLC CORPORATION S CORP OTHER

BUSINESS ADDRESS _____

MAILING ADDRESS (if different than above) _____

BUSINESS WEBSITE: _____ HOURS/DAYS OF OPERATION _____

PHONE _____ EMAIL _____

EMPLOYER IDENTIFICATION NUMBER _____

ON-SITE MANAGER/EMERGENCY CONTACT _____

PHONE _____ EMAIL _____

ALTERNATE EMERGENCY CONTACT _____

PHONE _____ EMAIL _____

PROPERTY OWNER, IF OTHER THAN BUSINESS OWNER:

NAME _____ PHONE _____ EMAIL _____

TYPE OF BUSINESS OR GOODS / WARES / MERCHANDISE / SERVICES TO BE SOLD: _____

MAY WE SHARE YOUR BUSINESS INFORMATION WITH SUTHERLIN AREA CHAMBER OF COMMERCE? YES NO

HAVE YOU MADE ANY SUBSTANTIAL CHANGES TO YOUR FLOOR PLAN? YES NO

CONSENT TO AUTHORIZE A PRE-FIRE INSPECTION OF THE BUSINESS PREMISES TO ALLOW DIAGRAMING THE INTERIOR OF THE BUILDING AND TO IDENTIFY FEATURES RELEVANT TO FIRE SUPPRESSION:

PLEASE SIGN HERE _____

DO YOU STORE, HANDLE, OR DISPENSE HAZARDOUS MATERIALS? _____

IF YES, PLEASE DESCRIBE: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

Office use only:

Data entry date: _____

Building and Structures:

- Fire Structure
 Basement Second Story or higher Fire Suppression System Living on premises
 Alarm Alarm Company/Phone: _____

Zoning:

- Approved Denied

Planner

Signature: _____ Date: _____

Police Chief

Signature: _____ Date: _____

Fire Chief

Signature: _____ Date: _____

Additional Action: _____

Please attach inspection results and recommendations