



Citizen Services & Development Center

925 Main Street
 Lebanon, OR 97355-3211
 (541) 258-4912 (541) 258-4955 Fax
 Email: busreg@ci.lebanon.or.us
 Web: www.ci.lebanon.or.us

BUSINESS REGISTRATION FORM (Please print/type)

- Initial Business Registration Annual Renewal with changes

BUSINESS INFORMATION:

| | |
|----------|----------------|
| Address: | Business Name: |
| | Business Name: |
| | Business Name: |
| | Business Name: |

Per LMC Chapter 5.52.050 Multiple Businesses at the same address operated by the same owner need only file one form but clearly identify all business names.

BUILDING OWNER INFORMATION:

| | | |
|------------------|----------------|----------------|
| Name: | | Date: |
| Mailing Address: | | |
| Daytime Phone: | Evening Phone: | Email Address: |
| | | Fax Number: |

BUSINESS OWNER INFORMATION:

| | | |
|------------------|----------------|----------------|
| Name: | | Date: |
| Mailing Address: | | |
| Daytime Phone: | Evening Phone: | Email Address: |
| | | Fax Number: |

BUSINESS OPERATIONS:

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Business Hours Start/End: | Number of Shifts: | Number of Shifts: | Number of Shifts: |
| Business Days (Circle): M T W TH F S SU | Shift Start & End Times: | Shift Start & End Times: | Shift Start & End Times: |

BUSINESS DESCRIPTION:

- By checking this box, I acknowledge the above information may be beneficial to others and hereby grant the City of Lebanon permission to disclose the above information to outside parties.

CONFIDENTIAL EMERGENCY INFORMATION

Information listed below is considered confidential and will only be provided to Police and Fire Personnel

EMERGENCY CONTACTS (Please list 3 contacts that reside closest to the business):

| | | | |
|---|-------|----------------|----------------|
| 1 | Name: | Daytime Phone: | Evening Phone: |
| 2 | Name: | Daytime Phone: | Evening Phone: |
| 3 | Name: | Daytime Phone: | Evening Phone: |

SECURITY SYSTEM INFORMATION (If you have a security alarm system and/or security guards, please provide contact information):

| | |
|---------------------|--------|
| Alarm Company Name: | Phone: |
| Guard Name: | Phone: |
| Guard Name: | Phone: |
| Guard Name: | Phone: |

ELEVATOR INFORMATION (If you have an elevator in the building, please provide contact information):

| | |
|--------------------------|--------|
| Elevator Company's Name: | Phone: |
|--------------------------|--------|

MATERIALS STORED ON PREMISES (Emergency personnel should be made aware of materials that could be considered dangerous; please provide a list of any materials stored on the premises such as oxygen tanks, welding equipment, flammable materials, chemicals, etc.)

| | |
|-----------|-----------|
| Material: | Location: |
|-----------|-----------|

Authorized Signature: _____ Date: _____

Print Name Here: _____ Telephone: _____

FOR OFFICE USE ONLY

| | | | |
|-----------------|--------------|----------------------|--|
| Date Received: | Fee Amount: | Date Data Processed: | |
| Staff Initials: | Receipt No.: | Processed by: | |