



CITY OF LYONS

449 5TH STREET
LYONS, OR 97358
PHONE: (503)859-2167
FAX: (503)859-5167

New
Renewal
\$10 Fee Paid

BUSINESS LICENSE APPLICATION

Business Name: _____

Business Street Address: _____

Business Mailing Address: _____

Business Phone: _____ Email Address: _____

Name of Business Owner(s): _____

Residence Mailing Address: _____ Phone: _____

Type of Business: Retail _____ Wholesale _____ Other _____

Brief Description of Business Activities: _____

Emergency Contact Name: _____ Phone: _____

Applicant's Information (if different from Business Owner)

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

I hereby agree to abide by the ordinances of the City of Lyons and all local, state, and federal laws in the operation of the above listed business.

Applicant's Signature: _____ **Date** _____

Approved: _____ *Denied:* _____ *Date:* _____ *By:* _____

Outright Permitted Use? _____ *Site Review Approved?* _____

Date Issued: _____ *Expiration Date:* _____ *License Number:* _____