



114 East Main PO Box 579 Weston, OR 97886

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"This institution is an equal opportunity provider and employer"

APPLICATION FOR BUSINESS REGISTRATION

Today's Date: _____	Fee: \$45.00
	Year of License: 2022-2023
Business Name: _____	
Type of Business: _____	
Business Address: PO Box _____, Street _____, Weston, OR 97886	
Business Telephone: _____ Other: _____	
Owner's Name if different than applicant: _____	
Owner's Personal Address: _____	
Applicant's # years with Weston Business: _____	
Service and/or Merchandise Provided: _____	

State/Federal Business Registration# _____	
Applicant's Printed name & Position Held: _____	
Applicant' Signature _____	
Approved _____	Denied _____
Date: _____	