



**WELCOME**, we are so excited you are going to be doing business in Lincoln City. We want the process of applying for your Annual Business Occupational Tax Permit [BOTP], to be as easy and seamless as possible.

Before completing the necessary application, please consider the following:

- 1) This business permit has an annual expiration date. The permit issuance and renewal are completed on a quarterly basis. This means your first “annual” term will be in the range of 9-12 months.**

*Quarterly Term Periods are: January-March, April-June, July-September, and October-December.*

- 2) Do you know your business classification? If you are a Non-Profit, do you have a copy of your IRS 501c3 designation letter?**

*The city of Lincoln City considers a business entity to be any individual, firm, company, corporation, association or partnership conducting any trade, profession, occupation or pursuit for gain including property rentals. If you feel you may be exempt, please refer to Title 5 of the Lincoln City Municipal Code. <https://www.lincolncity.org/government/city-charter-and-municipal-code>*

- 3) Do you have an Assumed Business Registration Number?**

*Oregon law states that if you are going to use an assumed business name that name must be registered with the Oregon Secretary of State? [secure.sos.state.or.us](https://secure.sos.state.or.us)*

- 4) Have you confirmed that the location you wish to do business complies with all city ordinances? Can you do what you want to do in this location?**

*If you are going to do business within the city limits, the place of business MUST meet the requirements of all city building, zoning, fire and life safety code and all other city ordinances. Please refer to Title 17 of the Lincoln City Municipal Code and contact Lincoln City Planning at 541.996.2153*

**CITY OF LINCOLN CITY**  
**APPLICATION FOR BUSINESS OCCUPATION TAX PERMIT**



Registered Business Name \_\_\_\_\_

Doing Business As \_\_\_\_\_

Business Location \_\_\_\_\_  
(Street) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Nature of Business \_\_\_\_\_

Phone 1 # \_\_\_\_\_ Phone 2 # \_\_\_\_\_

Email Address \_\_\_\_\_

Manager or Contact Person \_\_\_\_\_  
(Name) (Position) (Daytime Phone #)

Proprietor / Owner if not Contact Person \_\_\_\_\_

Business Classification:

Sole Proprietorship\_\_\_\_\_ Partnership\_\_\_\_\_ Corporation\_\_\_\_\_ LLC\_\_\_\_\_

Non Profit\_\_\_\_\_ \* \*Please attached IRS 501c3 designation letter

Number of Employees \_\_\_\_\_ (only those who work inside the City limits, **including owners**)

Please list state required licenses (if applicable) \_\_\_\_\_  
(ie: CCB# for Contractor, Plumber, Electrician, etc...)

Oregon Business Registry No. #: \_\_\_\_\_

Non Profit EIN #: \_\_\_\_\_

Previous or Current BOTP #: \_\_\_\_\_

**I hereby affirm that the above information is true to the best of my knowledge and belief.**

\_\_\_\_\_  
**Signature and Title**

\_\_\_\_\_  
**Date**

*NOTICE: Planning Department approval must be obtained and Finance Department fees paid before conducting business within the city limits of Lincoln City, Oregon.*

<b>APPLICATION FEE:</b>	<b>\$50.00</b>	<b>Does not apply toward Annual Fee and is <u>Non-Refundable</u></b>
<b>ANNUAL FEE:</b>	<b>\$100.00</b>	<b>Owner and 2 additional employees included</b>
<b>EMPLOYEE FEE:</b>	<b>\$10.00</b>	<b>Per employee working in the city after 3 included with annual fee</b>

**PLEASE COMPLETE THIS FORM, SIGN, AND PAY APPLICABLE FEES TO:**  
City of Lincoln City \* Finance Department \* 801 SW Hwy 101 3<sup>rd</sup> Floor  
PO Box 50 \* Lincoln City \* OR \* 97367-0050  
[Finance\\_AR@lincolncity.org](mailto:Finance_AR@lincolncity.org) (if emailed, we will contact you for payment)

**PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT**

Assessor's Map/Tax Lot \_\_\_\_\_

Zoning \_\_\_\_\_

Home Occupation Agreement Complete? *(Circle one)*      YES   NO   N/A

Change of Building Use / Occupancy Classification?      YES   NO   N/A

Fire Marshall:

Date Email Sent: \_\_\_\_\_ Response Attached:  *(Check when complete)*

Building Official:

Date Email Sent: \_\_\_\_\_ Response Attached:  *(Check when complete)*

Waste Water Depart:

Date Email Sent: \_\_\_\_\_ Response Attached: *(Check when complete)*

Approval \_\_\_\_\_

Signature

Date