

CITY OF LINCOLN CITY
REQUEST FOR CHANGE IN BUSINESS
OCCUPATION TAX PERMIT



THIS SECTION FOR OFFICE USE ONLY

ACTIVE BOTP # _____ **PERMIT EXPIRATION DATE:** _____

CURRENT

BUSINESS NAME: _____

BUSINESS LOCATION: _____

OWNER NAME: _____

TYPE OF BUSINESS: _____

NEW

BUSINESS NAME: _____

BUSINESS LOCATION: _____

TYPE OF BUSINESS: _____

OWNER NAME: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

BUSINESS PHONE: _____ CELL PHONE: _____

OF EMPLOYEES: _____ (Include owner and all employees working in Lincoln City)

Sole Proprietorship ___ Partnership ___ Corporation ___ LLC ___ Non Profit ___ *

**If Non Profit, please attach IRS 501c3 designation letter*

IF CURRENT ALARM PERMIT EXISTS, TRANSFER THAT ALSO? YES ___ NO ___

I hereby affirm the above information to be true and correct.

SIGNATURE OF PREVIOUS OWNER **DATE**

SIGNATURE OF NEW OWNER **DATE**

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

APPLICATION FEE: \$50.00 - Does not apply toward Annual Fee and is Non-Refundable

City of Lincoln City * Department of Finance
801 SW Highway 101 3rd Floor
PO Box 50 * Lincoln City, Oregon 97367
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