



City of Umatilla

"NATURE'S HOMETOWN"

RENEWAL APPLICATION FOR BUSINESS TAX RECEIPT

Return with Payment



Business Information

(Please Print or Type)

Business Name: _____
(Name Must Be Same As Indicated on State or County License)

Mailing Address: _____

Telephone # _____ Fax # _____

Email Future Renewal? Yes No Email Address _____

Business Location (Physical Address): _____
(Address Must Be Same As Indicated on State or County License)

Nature of Business: _____

FEIN - SSN Tax ID#: _____ NAICA#: _____

Insurance: *Circle Each* (Gen?) Yes No (Liab?) Yes No ***** Attach copy of Certificates

Vending Machine QTY:

ATM _____
Amusement _____
Misc Vending _____

Laundry:

Washer _____
Dryer _____

Restaurant Seating Capacity: _____



Owner's Information

Owner's Name: _____

Co-Owner's Name: _____

Mailing Address: _____

Telephone # _____ Fax # _____



I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. IF ANY PORTION IS FOUND TO BE FALSE OR MISREPRESENTED, SUCH FACT MAY BE JUST CAUSE FOR IMMEDIATE REVOCATION OF ANY LICENSE ISSUED TO ME.

SIGNATURE OF APPLICANT _____ DATE _____



City of Umatilla

EMERGENCY CONTACT BUSINESS OR RESIDENTIAL ALARM INFORMATION POLICE & FIRE

Business/Residential Name: _____

Address: _____

Mailing address (If different): _____

Contact numbers: Home: _____ Cellular: _____ Work: _____

Building owner phone: _____ Normal business hours: _____

Types of alarm (Check all that apply)

Fire: _____ Yes _____ No

(If you checked yes)

Burglar: _____ Yes _____ No

(If you checked yes)

_____ Existing system.

_____ New system.

_____ Addition to existing system.

_____ Smoke detection.

_____ Manual pull stations.

_____ Sprinkler system.

_____ Stand pipe system.

_____ Hold up.

_____ Fire.

_____ Phone in.

_____ Audible only.

Annunciator panel location: _____

Fire alarm panel location: _____

Alarm Company: _____

Address: _____ Phone: _____

Alarm Company: _____

Address: _____ Phone: _____

Monitoring company/location: _____

Date alarm(s) will be service: _____

Additional information/comments: _____

Contacts with authority to enter business/residence (at least three contacts):

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

4. _____ Phone: _____

5. _____ Phone: _____

This report is required by laws as stated in the City of Umatilla Ordinances

Date: _____

Signature: _____

(owner/manager/resident)

Official completing this report: _____ Date: _____