

# BUSINESS LICENSE APPLICATION

The Dunes City Business License is issued pursuant to authority granted by Dunes City Code, Chapter 120, Ordinance No 206.

To qualify for a license, you must be licensed with the Oregon Construction Contractors Board (CCB), licensed with an Oregon Trade License from the Building Codes Division (BCD), or licensed with the Oregon Landscape Contractors Board (OLCB).

The initial application for a license and an application for a renewal of a license shall be accompanied by a non-refundable fee of **\$125.00 per business**. No license will be issued or renewed until all fees are fully paid.

Checks or money orders shall be made payable to Dunes City. Credit cards are accepted.

Mail completed application and payment to:

Dunes City  
Attn: City Recorder  
P.O. Box 97  
Westlake, OR 97493

## **\*DEPARTMENT USE ONLY\***

Date received:

Date approved: \_\_\_\_\_

Date issued: \_\_\_\_\_

Paid by (circle below):

cash / check / credit card

Check No: \_\_\_\_\_

License No: \_\_\_\_\_



06/18/2025

Please type or print

☐ New License      ☐ Renewal: \_\_\_\_\_ # of Cards \_\_\_\_\_  
License Number \_\_\_\_\_

1. Business name \_\_\_\_\_
2. Business owner \_\_\_\_\_
3. Authorized agent(s) \_\_\_\_\_
4. Business mailing address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
5. Business location \_\_\_\_\_
6. Business telephone number (include area code) \_\_\_\_\_
7. Business fax number (include area code) \_\_\_\_\_
8. Business e-mail address \_\_\_\_\_
9. CCB, BCD, OLCB registration number(s) 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
Expiration date(s) 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

10. Bond amount \$ \_\_\_\_\_  
Bonding Company \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone number (include area code) \_\_\_\_\_
11. Liability insurance amount \$ \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone number (include area code) \_\_\_\_\_

By signing this application, I certify that the information contained in this application is true to the best of my knowledge and belief, and further state that I have obtained all necessary County, State, and Federal licenses or permits required. I acknowledge that any false or misleading information contained in this application may be grounds for denial or delay of license issuance.

I further agree that this application alone does not constitute authorization to perform the requested activity, and I understand that such authorization is only present after receipt of written approval from Dunes City.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

\* Please note late fee is \$25.00

Phone (541) 997-3338 • Fax (541) 997-5751 • PO Box 97, Westlake, OR 97493  
82877 Spruce St • [www.dunescity.gov](http://www.dunescity.gov)