



# CITY OF BEND BUSINESS REGISTRATION APPLICATION

*As Required Under Bend Code Chapter 7.05*

CITY OF BEND

Mail Completed Applications to: City of Bend, PO Box 1348, Bend, OR 97709

For questions, please call (541) 388-5580, option 8

## BUSINESS INFORMATION

Business Name:	
Business Physical Street Address:	Business Mailing Address: (if different than physical address)
Business Physical City, State, Zip:	Business Mailing City, State, Zip:
Business Telephone: (       )	Date Business Established: /     /
Is this a tax exempt, nonprofit business? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Nonprofit, IRS Code Section Under Which Business is Organized:

## BUSINESS OWNER INFORMATION

Principal Owner Name: <i>(First and last name, or corporation name and contact person as appropriate)</i>	
Principal Owner Mailing Street Address:	Owner Mailing City, State, Zip:
Owner Email Address:	Owner Telephone: (       )

## EMERGENCY CONTACT INFORMATION

1st Local Emergency Contact Name: <sup>1</sup>	1st Local Emergency Contact Telephone: <sup>1</sup> (       )
2nd Local Emergency Contact Name: <sup>1</sup>	2nd Local Emergency Contact Telephone: <sup>1</sup> (       )
3rd Local Emergency Contact Name: <sup>1</sup>	3rd Local Emergency Contact Telephone: <sup>1</sup> (       )

## ADDITIONAL BUSINESS INFORMATION

Primary NAICS Code: <sup>2</sup>	Other NAICS Code (optional): <sup>2</sup>
Business Description:	
Oregon Secretary of State Registry Number: <span style="float: right;">None <input type="checkbox"/></span>	
Number of full time employees at this location (including yourself):	Number of part time/seasonal employees at this location:
Would you like your business included in the City's quarterly report of business registrations? <sup>3</sup> Yes <input type="checkbox"/> No <input type="checkbox"/>	

## FIRE AND LIFE SAFETY INFORMATION (for business location listed above)

Does this building have a security alarm?    Yes <input type="checkbox"/> No <input type="checkbox"/>	Does this building have fire sprinklers?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your street address visible from the street? <sup>4</sup> Yes <input type="checkbox"/> No <input type="checkbox"/>	Is this a home-based business?    Yes <input type="checkbox"/> No <input type="checkbox"/>

## MULTIPLE BUSINESS LOCATIONS

*For businesses with multiple locations in Bend, please complete this section.*

*If additional space needed, attach on a separate sheet of paper. There is no additional charge for multiple locations.*

Business Name (if different):	Business Phone:
Business Physical Address:	
Security System at this Location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Fire Sprinklers at this Location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
1st Local Emergency Contact Person:	Telephone: ( )
2nd Local Emergency Contact Person:	Telephone: ( )
3rd Local Emergency Contact Person:	Telephone: ( )
Number of Employees at this Location: Full Time:	Part Time/Seasonal:
Primary NAICS Code: <sup>2</sup>	Other NAICS Code (optional): <sup>2</sup>
Business Description:	
Business Name (if different):	Business Phone:
Business Physical Address:	
Security System at this Location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Fire Sprinklers at this Location? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
1st Local Emergency Contact Person:	Telephone: ( )
2nd Local Emergency Contact Person:	Telephone: ( )
3rd Local Emergency Contact Person:	Telephone: ( )
Number of Employees at this Location: Full Time:	Part Time/Seasonal:
Primary NAICS Code: <sup>2</sup>	Other NAICS Code (optional): <sup>2</sup>
Business Description:	

## BUSINESS REGISTRATION APPLICATION FEE

*Registrations are valid for one year. All fees are non-refundable. Please make checks payable to "City of Bend."*

New Registration Application Fee: (For profit business)	\$50.00
New Registration Application Fee: (Nonprofit business)	- no charge -

## DELIVERY PREFERENCE

How would you prefer to receive your business registration? E-Mail <input type="checkbox"/> U.S. Mail <input type="checkbox"/>
How would you prefer to receive your registration renewal notice? E-Mail <input type="checkbox"/> U.S. Mail <input type="checkbox"/>

## SIGNATURE

*The undersigned declares that all information in this application is true and accurate.*

Signature of Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT Name and Title

## FOR OFFICE USE ONLY

Application Received Date	Application Entered By	Cash Receipt #	Registration #
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<sup>1</sup> Emergency contact information will be used for notification in the event of an emergency. If this location has a security alarm system, this contact information may also be used for notification if the alarm has been activated and requires response.

<sup>2</sup> To identify the six-digit North American Industrial Classification System (NAICS) code that most appropriately describes your business activity, please refer to this website <http://www.naics.com/search> or inquire by phone at (888) 756-2427.

<sup>3</sup> The City publishes a quarterly report of business registrations on its website that includes the business name, street address, business telephone, owner name, registration number, and business classification. You can choose to opt out having your business information included in this report.

<sup>4</sup> New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible from the street or road fronting the property.

### Accommodation Information for People with Disabilities

Communication or other accommodations for people with disabilities are available upon advance request by completing the form *Request for Accommodation or Barrier Removal* (available in City offices, on the City website, or by contacting the Accessibility Manager at 693-2141 or [ADA@bendoregon.gov](mailto:ADA@bendoregon.gov)). Provide at least 48 hour notice to ensure availability. This document is available in an alternate format upon request. Contact us at (541) 388-5580.