



Current/Upcoming Projects

Contractors & Mobile Vendors
Application for Business License

Business Name
Owner/Agent
Phone Email
Business Street Mailing (same or)
City State Zip
Business Type

Complete the following where applicable. Items marked with (\*) are required.

CCB# DC Health Dept
Date of Birth: / / Driver's License/ID# State
Applicant Signature: Date

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Recommendation: Grant Deny 2nd Hand Dealer Y N
Police Chief Date
City Recorder Date
Fee \$50 Receipt # License # Est. Business Y N
Letter/Label Entered/Mailed

Comments

For information on operating a business in the City of Winston, refer to Winston Municipal Code, Title XI; Chapter 110; Sections 110.01 - 110.99, and Chapter 112; Sections 112.01 - 112.99. View it 24/7 at www.WinstonCity.org under the Government tab, or in person at City Hall weekdays, 201 NW Douglas Blvd. (541) 679-6739 for info.