

Application for

Business License

Tell us about you:

Applicant:			
Date of Birth://	Driver's License/ID#: _		State:
Mailing Address:			
City:		_ State:	Zip:
Phone:	Email:		
Scope of Business (sele	ct one):		
☐ Permanent (Business ad	dressed and/or located w	vithin city lim	its - Complete Section A)
☐ Contractor/Mobile Vendwithin city limits – Com	•	outside city l	imits but conducting work
Section A:			
Business Name:			
Street Address:			
Mailing Address:			_ PO Box:
City:		_ State:	Zip:
Business Type:	Secondha	and Property D	ealer?
Description of business to include	hours of operation and exp	ected number	of employees:

Refer to the 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 the City Website under the Government tab, or in person at City Hall weekdays, 201 NW Douglas Blvd. (541) 679-6739 for info.

Α	ppi	lication	#	-

Phone:	Email:	
Property Owner (if other than	n applicant):	
Sq. Ft. of Building for Busin	ess: No. of Par	king Spaces:
Applicant Signature:		Date:
Property Owner Signature: _	(If different from applica	Date:
Section B:		
Business Name:		
Business Type:		
Owner/Agent:		
Street Address:		
Mailing Address:		PO Box:
City:	State:	Zip:
Email:		Phone:
Complete the following	where applicable, and sign be	elow:
CCB#:	DC Health Dept:	Other:
Current/Upcoming Projects	(Input <i>N/A</i> if none):	
Applicant Signature:		Date:

Development Notice:

The issuance of a Winston Business License does not authorize construction outright. Specific projects including, but not limited to, property development, signage, building projects, home construction, solar projects, and fencing require case specific reviews conducted by the City of Winston.

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*** STAFF USE ONLY ***

	LICENSE #	
Business Location		Zoning
Change of Occupancy Y N	Sign Permit Required Y N	2 nd Hand Property Dealer Y N
Planning Official Comments:		Date
Police Chief		Date
Recommendation: O Gr Comments:	rant O Deny	
City Manager		Date
Billing Clerk		Date
City Recorder		Date
Fee \$50 Receipt #	CC	Letter/Label O Entered/Mailed O
Additional Remarks:		

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