

**CITY OF COQUILLE
BUSINESS REGISTRATION**

Business Name _____ Date _____

Business Address _____ Hours _____

Owner _____ Business Phone _____

Owner Address _____ Home Phone _____

Retail Sale Yes No If yes Primary Nature of Goods for Sale _____

OFFICE USE ONLY

Zoning requirements _____

Planning Director Signature



Scott Sanders
Chief of Police

Emergency Contact Information

Business Name: _____

Address: _____

Business Telephone: _____

Business Hours: _____

Type of Business: _____

Special Information: _____

After Hours Contact Information

Name: _____

Telephone Number(s): _____

Alternate Name: _____

Telephone Number(s): _____