

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



Janice Blue  
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: \_\_\_\_\_

Alternate Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_