



**CITY OF ASTORIA
 OCCUPATIONAL TAX APPLICATION
 1095 DUANE STREET
 ASTORIA, OREGON 97103
 (503) 325-5821**

Customer Number: _____ Receipt Number: _____

Name of Business _____

Proprietor _____

TIN or Social Security Number _____

Business Address _____

City _____ State _____ Zip _____

(Local Location Must Include Written Approval to Locate on the Premises)

Mailing Address (include City, State & Zip) _____

Residence Address (include City, State & Zip) _____

Business Telephone _____ Home Telephone _____

E-Mail Address _____

Type of Business _____

Brief Description of What Your Business Will Do _____

Business New to This Area? Yes _____ No _____ Renewal Yes _____ No _____

Has the Character of Your Business in Astoria Changed During the Last Year? Yes ___ No ___

Do You Anticipate a Change in the Near Future? Yes _____ No _____ If Yes, Please Explain

Briefly _____

You are hereby notified that the payment of a tax, fee or charge does not entitle a business to operate in any particular location. All ordinances of the City (including Fire, Planning, Zoning Building Codes, etc.) must comply with, in addition to any taxes or fees paid for the privilege of conducting a business within the City limits. In addition, short-term rentals may be subject to a transient room tax. **Occupational Tax is due January 1 of each year.** Late fees apply after Feb.1. They are subject to a penalty of 10% per month for each month they remain unpaid.

**Number of Individuals employed _____ Fee Per Schedule \$ _____
 1 = \$35.00 2 = \$47.50

**Includes owners, officials, full time and part time employees as determined by the schedule.

I hereby affirm that the above information is true to the best of my knowledge and belief.

Signature _____ Date _____

Title _____

Official Use Only: Zoning _____	Finance _____	Engineering _____	Fire _____
Bond Required _____	Bond Filed _____		
Year Paid _____	Late Fee _____	GR NO. _____	(GF 319.02)