CITY OF SPRINGFIELD, OREGON



225 FIFTH STREET • SPRINGFIELD, OR 97477 • PH: 541-726-3753 • FAX: 541-726-3689

ANTIQUE/SECONDHAND DEALERS LICENSE APPLICATION

APPLICATION FEE: \$170.10 per Fiscal Year (Includes a 5% technology fee)

All fees are non-refundable

| BUSINESS INFORMATION | | | | | | | |
|--|--|-------------------|----------------|--------|-----------------------------|------|--|
| Business Name: | | DBA: | | | | | |
| Business Street Address: | | City: | | ! | State: | Zip: | |
| Business Mailing Address: | | City: | | 9 | State: | Zip: | |
| ☐ Same as above | | | | | | | |
| Days and Hours of Operation: | | | | | | | |
| Business Phone: | Federal ID #: | | | State | State of Oregon Registry #: | | |
| Contact Name at Business Location: Phone Nur | | nber: C | | Conta | ontact Email Address: | | |
| Business Type: | Number of Transactions you anticipate: | | | | | | |
| Please describe what you will be selling, buying, co trading etc. | Describe the Nature of the Business: | | | | | | |
| BUSINESS OWNER AND CONTACT INFORMATION | | | | | | | |
| Applicant's Full Name: | Phone Number: | | | | | | |
| Residence Address: (No PO Box) | | | Email Address: | | | | |
| Date of Birth: | | Driver's License: | | | State License Issued: | | |
| Mailing Address: ☐ Same as above | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | |
| Type of Ownership : C Corp S Corp Sole Proprietor Partnership Non-Profit Other | | | | | | | |
| Do you own or lease the property? Own Lease/Rent | | | | | | | |
| Property Owner or Management | | | | | | | |
| First: | Last: | | | Phone: | | | |
| Address: | City: | | | | State: | Zip: | |
| SIGNATURE AND INFORMATION Please note that we require a minimum of two (2) weeks to process the application. Incomplete or missing information will delay the review process. | | | | | | | |
| The information provided on this form is true and complete to the best of my knowledge | | | | | | | |
| Applicant's Name: (Please Print) | | | | Date | Date: | | |
| Applicant's Signature: | | | | Phor | Phone Number: | | |
| Payment must be submitted with application. Make checks payable to: City of Springfield | | | | | | | |
| Mailing Address: City of Springfield, Business Licensing, 225 Fifth Street, Springfield, OR 97477 | | | | | | | |

The Business License year is July 1st through June 30th of each year (Fiscal Year). Applications during the business year are not pro-rated and are subject to the entire fee. A penalty of \$10.00 or ten percent of the license fee, whichever is greater, shall accrue for each month a business has operated without obtaining a business license. All Business Licenses are subject to a 5% technology fee. All fees are non-refundable and no license is transferable.