

**CITY OF COQUILLE
BUSINESS REGISTRATION**

Business Name _____ Date _____

Business Address _____ Hours _____

E-Mail: _____

Owner _____ Business Phone _____

Owner Address _____ Home Phone _____

Retail Sale Yes ___ No ___ If yes Primary Nature of Good for Sale _____

OFFICE USE ONLY

Zoning Requirements _____

Fire Code Requirements _____

Planning Director Signature

Fire Chief 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): _____