

CITY OF ATHENA - BUSINESS LICENSE APPLICATION

Today's Date: _____ Year of License: _____

Business Name:
(D.B.A. or registered name) _____

Applicant's Name: _____

Date of Birth: _____ State and Driver's License #: _____

Business Address: PO Box # _____, Street _____, Athena

Business Phone #'s: _____ Cell Phone #'s: _____

Owner's Name (if different than applicant): _____

Owner's Personal Address: _____

Owner's Personal Phone #'s: _____

Applicant's # of years with Athena Business: _____

Applicant's # of years of experience in same business: _____

Nature of Merchandise or Service Provided: _____

Applicant's Signature: _____

Title or Position Held: _____

Fee \$50.00: _____

Approved by the Athena City Council @ the _____ meeting

Councilor/Mayor: _____

City Recorder: _____

Phone: 541-566-3862 Fax: 541-566-2781