



CITY OF GASTON

116 Front Street, P.O. Box 129,
Gaston, Oregon 97119 Phone (503)985-3340
www.cityofgaston.com



Business License Application Apartment/Duplex

Date _____

Business Owner's Name _____

Business Name _____

Physical & Mailing Address _____

Business Phone# _____

Alarm Co & Contact Info _____

Contact Person #1 Name & # _____

Contact Person #2 Name & # _____

Number of Apartments or Units Not Occupied by the Owner

Fed Business Id# _____

State Business Id# _____