



Finance Department
City of Bend
(541) 388-5509
accounting@bendoregon.gov
710 NW Wall Street, Bend OR 97703

This submittal form is to be completed as part of your Change of Information application with the City of Bend. *Download this form before completing fillable fields*, then upload to your active license or registration through the Online Permit Center at www.bendoregon.gov/permitcenter.

CHANGE OF INFORMATION FORM - FRANCHISEES

Please complete this form within 14 days of changing any of the following information.

License Application Number and Business Name

License Application Number*: _____

**can be found on the License Application Status page under My Items in Online Permit Center Portal*

Business Name: _____

Business Owner Contact Information

Name: _____

Mailing Address: _____
City State Zip

Phone: _____ Email Address: _____

Preferred contact method: Phone Email Mail

Additional Contacts

Name: _____

Business: _____

Mailing Address: _____
City State Zip

Phone: _____ Email Address: _____

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Accommodation Information for People with Disabilities

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Finance Department at accounting@bendoregon.gov or (541) 388-5509; Relay Users Dial 7-1-1.

Signature

By signing this form, the owner agrees to abide by the requirements as stated in [Bend Municipal Code 3.20](#).

I warrant that the information provided in this form is true and agree that by typing my name in the signature box I am providing an electronic signature that is the legal equivalent of my manual signature on this application.

Signature

Date



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