



Licensing Division
City of Bend
710 NW Wall Street, Bend OR 97703
(541) 388-5580 option 8
www.bendoregon.gov/businesslicense

CHANGE OF INFORMATION FORM – BUSINESS REGISTRATION

Download this form before completing fillable fields, then upload to your active business registration through the Online Permit Center at <https://cityview.ci.bend.or.us/Portal/>. All changes will be effective as of the date this document is signed unless stated otherwise. If applicable a new business registration may be issued and must be posted in a conspicuous area where the business is located.

Business Name: _____

Registration #: _____ **Expiration Date:** _____

Has your business closed? No Yes (Please provide a brief explanation)

Is this a change of ownership? No Yes. Effective Date: _____

Is this a change of mailing address? No Yes. Effect Date: _____

New Mailing Address: _____

City/State/Zip: _____

Is this a change of the business name? No Yes. Effect Date: _____

New Name: _____

Is this a change of the business location? No Yes. Effect Date: _____

New Location: _____

City/State/Zip: _____

Remove Contact: Check One: Owner Additional Contact

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Add Contact 1: Check One: Owner Additional Contact

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Add Contact 2: Check One: Owner Additional Contact

Name: _____

Mailing Address: _____

City/State/Zip: _____

Email: _____

Phone: _____

Signature

By signing this application, I agree to abide by the Business Registration requirements as stated in **Bend Municipal Code Chapter 7.05**. I warrant that the information provided in this application 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. Disclosure: Information on this application is a public record subject to disclosure upon request under the Oregon Public Records Law unless an exemption applies.

Signature: _____

Date: _____

Check One: Owner Authorized Representative

Signature: _____

Date: _____

Check One: Owner Authorized Representative

Visit the **City of Bend Business Registration Program** at www.bendoregon.gov/businessregistration for additional information.

LIC – Change of Information Form – Business Registration - *Last Revised Date: 03/22/2024.*



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 Licensing Division at licensing@bendoregon.gov or (541) 388-5580 ext. 8; Relay Users Dial 7-1-1.