SECONDHAND LICENSE APPLICATION

Business Name: Humane Society of the Ochocos Thrift	**Business Location & Mailing Address:** 1495 NW Murphy Court. Prineville, Ore 97
Business Phone: 541-903-0458	**Email:** hsothrift@gmail.com
Person Responsible: Humane Society of the Ochocos	**Home Address:** 1280 SW Tom McCall Road Prineville, Or
Date of Birth:	**Drivers License & Issuing State:** Tax ID#[redacted]
Emergency Contact: Heather O'Daniel	**Emergency Phone:** 541-[redacted]

Describe nature of business and goods to be sold:

Second Hand Store: will sell clothing, furniture, houseware, house hold goods, toys

Indicate Hours of Operation For Each Business Day:

Monday - Saturday 9am - 5pm summer / 10am - 5pm Winter - Subject to change

I hearby swear that the above information is true and accurate to the best of my ability.

Signature of Applicant: _____ **Date:** 11/3/14

Planning Approval:	**Police Dept. Approval:**
Admin. Approval:	**City Council Approval:**
License Mailed:	**Valid From:**