

# CITY OF MEDFORD

Business Licenses  
200 S. Ivy Street, 2nd Floor  
Medford, Oregon 97501  
P: 541.774.2025 F: 541.618.1726  
[businesslicenses@cityofmedford.org](mailto:businesslicenses@cityofmedford.org)



## APPLICATION FOR BUSINESS AND REGULATORY LICENSES NEW BUSINESS AND NEW LOCATIONS

The Medford Code requires annual licensing of each business operating in the city. Applicant must notify the city within 30 days of any change in application information and keep all necessary county/state/federal licenses and permits current. Failure to do so will be treated as a misrepresentation and may result in revocation of license. Sign permits must be obtained from the Planning Department prior to any installation or painting of outdoor advertising. **A copy of a current floor plan is required for all commercial applications.**

*\*If some of the requested information on this form does not apply to your business, please write "N/A" on the space provided.*

Business start date \_\_\_\_\_ Start date at this location \_\_\_\_\_ Is business based out of your home? \_\_\_\_\_

Name of Business \_\_\_\_\_

Is this a Marijuana related business: Yes  No  If "Yes", complete Supplemental Application for Marijuana-Related Business)

Owner(s) of Business and Date(s) of Birth \_\_\_\_\_

Business Address \_\_\_\_\_  
Street Address City State Zip Code

Mailing Address \_\_\_\_\_  
Street Address City State Zip Code

Business Phone \_\_\_\_\_ Private Phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency Phone Number (required): \_\_\_\_\_ Email address: \_\_\_\_\_

Oregon Construction Contractor Number (CCB#) \_\_\_\_\_ Expiration \_\_\_\_\_

Please describe the business activity and any accessory business activity \_\_\_\_\_

Specify the products/services to be sold \_\_\_\_\_

Will you require any age-based restrictions to customer access or sales? \_\_\_\_\_

\*What was the prior use of the building (or tenant space)? \_\_\_\_\_

\*No. of Employees including Owners \_\_\_\_\_ \*Name of Business Manager \_\_\_\_\_ \*Area = \_\_\_\_\_ sq. ft.

\*No. of parking spaces provided by business: \_\_\_\_\_ SALON – No. of Stations \_\_\_\_\_

\*Describe any recent remodeling or planned remodeling to this tenant space. If none, write "NONE" in the space provided.

I have signed the Home Occupancy forms and agree to its terms (if business is located in your home). \_\_\_\_\_ (Initial)

I have provided a floor plan. \_\_\_\_\_ (Initial)

All activities associated with, and occurring at, the above listed business location within the city limits of Medford, Oregon are in compliance with municipal, state and federal laws and ordinances. Yes  No  (Skip if a Marijuana-Related Business)

I understand that the approval of an associated Building Application and/or Building Permit does not imply a favorable endorsement for a Business License.

The undersigned applicant attests that the facts stated herein are true as I reasonably believe. I understand that this is a "sworn statement" and that any material misrepresentation contained herein will be cause for denial or revocation of license.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Business License # \_\_\_\_\_  
License Fee \$ \_\_\_\_\_  
Additional Fees \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

Receipt Date _____
Paid: _____
Initials: _____