

CITY OF MEDFORD

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



**FOOD VENDOR**  
**Private Property, Daily Pod or**  
**Semi-Permanent Pod**

**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. *\*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 \_\_\_\_\_

Name of 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: \_\_\_\_\_

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

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

\*No. of Employees including Owners \_\_\_\_\_ \*Name of Business Manager \_\_\_\_\_

I have provided a drawing with all dimensions of truck/cart: Yes  No  Dimensions of food truck/cart: \_\_\_\_\_ X \_\_\_\_\_

I have provided a letter of permission from property owner: Yes  No

I have provided a site plan of the space I am occupying: Yes  No

I have provided a copy of my certifications from Jackson County Environmental Public Health: Yes  No

\*POD: Agree to move food truck from this location every 5 days per MLDC 10.829A(B) Yes  \_\_\_\_\_ (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  \_\_\_\_\_ (Initial)

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 No. \_\_\_\_\_

Receipt Date \_\_\_\_\_

Check No. \_\_\_\_\_

Your Initials \_\_\_\_\_