CITY OF MEDFORD

Business Licenses
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Medford, Oregon 97501
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www.medfordoregon.gov

APPLICATION FOR BUSINESS AND REGULATORY LICENSES
Home Based Business
Foster Care – Residential Treatment

The Medford Code requires annual licensing of anyone conducting business in the city. Applicants 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 a revocation of license. *If some of the requested information on this form does not apply to your business, please write "N/A" on the space provided.

Name of Business _____

Owner(s) of Business:

Name: _____ Name: _____

Name: _____ Name: _____

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 State License #_____ Governing State Agency _____ Expire____/____/____

Please describe the business activity and any accessory business activity_____

_____

Number of Employees including Owners: _____ Name of Business Manager: _____

Number of bedrooms: _____ (Five (5) bedrooms or more, a <u>current floor plan</u> must be provided with your application)

How many people receive custodial care? _____ (Six (6) or more, Building Department will review per ORSC Sec. 308.2.5)

Business signage: refer to MMC 10.1022(5)

*The *Home Based Agreement* does not apply to Foster Care and/or Residential Treatment facilities.

*All activities associated with, and occurring at, the above-listed business location within the city limits of Medford, Oregon shall comply with municipal, state and federal laws and ordinances.   Yes ☐

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

<div align="center">DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY</div>

Business License # _____

License Fee $_____

Additional Fees $_____

TOTAL $_____

Receipt Date _____

Paid:_____

Initials: _____