CITY OF MEDFORD						
Business Licenses						
200 S. Ivy Street, 2 nd Floor						
Medford, Oregon 97501						
P: 541.774.2025 F: 541.618.1726						
businesslicenses@cityofmedford.org						
www.medfordoregon.gov						



APPLICATION FOR BUSINESS AND REGULATORY LICENSES Home Based Business

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

Start date at this location						
CHECK ONE: Is your home INSIDE the city limits of Medford?				OUTSIDE the city limits of Medford?		
Name of Business						
Owner(s) of Business & Da	ate(s) of Birth:					
Name:		DOB:	/	/		
Name:		DOB:	/	/		
Business Address						
Stree	et Address		City	State	Zip Code	
Mailing Address	et Address		City	State	Zip Code	
Business Phone Private Phone			,		·	
Emergency Phone Number (requ	uired):E	Email addres	s:			
Oregon <u>Construction Contractor</u>	# Oregon <u>Lands</u>	cape Contra	<u>ctor</u> #	Expire	//	
Please describe the business ac	ivity and any accessory business a	activity				
*No. of Employees including Ow	ners*Name of Business N	/lanager:				
*Square footage used for your b	usiness - not to exceed 10% of the	e existing dw	velling (Hom	ne Based Agreement #9)	sq. ft.	
If inside the city limits of Medfor	<u>d</u> : I have signed the Home Based	License Agr	eement an	d will abide by the terms	(Initial)	
	occurring at, the above listed bus and federal laws and ordinances.			e city limits of Medford, O	regon are in	
*l understand that the approval a Business License.	of an associated Building Application	on and/or Bı	uilding Pern	nit does not imply a favora	able endorsement for	
o 11	sts that the facts stated herein are entation contained herein will be o				s is a "swornstatement"	
Signature:		Tit	le:		Date	
-	DO NOT WRITE BELOW TI	HIS LINE – FOR O	FFICE USE ONLY	,		
	License Fee \$_			Receipt Date		
Business License #				Paid:		
	Additional Fees \$					

TOTAL

\$_

Initials: