



**APPLICATION FOR BUSINESS AND REGULATORY LICENSES**  
**New Commercial Business and New Locations**

The Medford Code requires annual licensing of anyone doing business 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 in City limits commercial applications.**

<b>Marijuana related business?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Check one:</b> <input type="checkbox"/> Producer <input type="checkbox"/> Processor	<b>If YES, OLCC certificate attached ____ (initial)</b> <input type="checkbox"/> Retailer <input type="checkbox"/> Wholesaler
<b>Psilocybin related business?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>Check one:</b> <input type="checkbox"/> Manufacturer <input type="checkbox"/> Sales	<b>If YES, OHA certificate attached ____ (initial)</b> <input type="checkbox"/> Administration of product

**Business Name** \_\_\_\_\_ **Start Date at this location** \_\_\_\_\_

**Owner** \_\_\_\_\_ **Owner** \_\_\_\_\_

**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:** \_\_\_\_\_

**Do you have a specialized license? (E.g., CCB, LCB, LMT, etc.)** YES\_\_ NO\_\_ **If YES, list Governing Agency** \_\_\_\_\_ **License#** \_\_\_\_\_

**Describe the business activity, products to be sold and any accessory business activity:** \_\_\_\_\_

**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:** \_\_\_\_\_ **\*FLOOR PLAN provided:** \_\_\_\_\_ **(Initial)**

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

All activities associated with, and occurring at, the above listed business location within the city limits of Medford, Oregon are following 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 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** \_\_\_\_\_

**Business License #**

**License Fee** \$ \_\_\_\_\_

**Additional Fees** \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Receipt Date:** \_\_\_\_\_

**Paid:** \_\_\_\_\_

**Initials:** \_\_\_\_\_