



71 S.E. D Street, Madras, OR 97741 - 541-475-3388

BUSINESS LICENSE APPLICATION

Business Name: _____ Phone: _____
Property Owner Name: _____
Business Contact Name: _____
Mailing Address: _____
Physical Location of Business: _____
Description and Nature of Business: _____

Please specify type of business below:

- Retail Sales Commercial Industrial Construction
- Service Wholesale Home Occupation

Contractor's License: _____ Expiration Date _____

Note: Conditional use permit may be required with a Home Occupation application.

If applicable, which of the following will need to be changed or improved prior to occupancy?

- Structural Electrical Landscaping
- Parking Wholesale Sign

Applicant Affidavit

I hereby certify that the above information is true, correct and complete based upon all information which I currently have knowledge. My business is in compliance with all State and Federal laws. I have read and agree to abide by City of Madras Ordinance #498.

Applicants Signature

Date

Property Owner Signature

Date

Fees for business located:

Inside City Limits \$50.00 Outside City Limits \$65.00

(Any application received after December 31 the fee will be reduced to ½ as the application expires June 30)

For Office Use Only:

Amount Paid _____ Date Paid _____ BL# _____

This application has come before the City of Madras. Please review applicant data specific to your area and provide comment as appropriate. If necessary, make contact with applicant for further information or make an informal visual inspection of the location.

Please sign below, indicate approval or state why disapproved and provide additional comment if needed.

Jefferson County Health Dept. _____ **Date** _____

Approve: Yes No Comment _____

Jefferson County Community Develop. _____ **Date** _____

Approve: Yes No Comment _____

Planning: _____ **Date** _____

- | | |
|--|--|
| Is Site Plan required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has Site Plan been submitted and approved? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is location appropriately zoned for this business use? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is conditional use permit required | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Approve: Yes No Comment _____

Police Department _____ **Date** _____

Approve: Yes No Comment _____

Fire Marshall _____ **Date** _____

Approve: Yes No Comment _____

Public Works: _____ **Date** _____

Approve: Yes No Comment _____

Finance Department _____ **Date** _____

Approve: Yes No Comment _____

City Administrator Approval: _____ **Date:** _____