



City of Ontario
444 SW 4th Street
Ontario, OR 97914
Voice (541)889-7684
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www.ontariooregon.org

CITY OF ONTARIO BUSINESS REGISTRATION APPLICATION

Required by Ontario Municipal Code 4-3

- Type: Initial
 Renewal
 Change
 Temporary (30-day limit)

Application Received Date: _____ Received by: _____

Please complete application in full. Incomplete or illegible applications may be rejected.

The registration shall follow the calendar year. Renewal notices will be mailed at the end of each year. Window clings will be issued upon completed and accepted applications. The clings should be placed in a window or displayed within the business where patrons can see it.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS, IF DIFFERENT THAN ABOVE: _____

BUSINESS TELEPHONE: _____ HOURS/DAYS OF OPERATION: _____

BUSINESS EMAIL: _____ BUSINESS WEBSITE: _____

GENERAL DESCRIPTION OF BUSINESS: _____

COMMERCIAL STORE-FRONT OR IN-HOME BUSINESS: _____

BUSINESS OWNER NAME: _____

BUSINESS OWNER ADDRESS: _____

BUSINESS OWNER PHONE: _____ BUSINESS OWNER EMAIL: _____

PROPERTY OWNER NAME (IF DIFFERENT THAN ABOVE): _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE: _____ PROPERTY OWNER EMAIL: _____

ALTERNATE CONTACT(S) IN CASE OF EMERGENCY (NAME, ADDRESS, PHONE, EMAIL): _____

(IF THERE ARE MORE ALTERNATE CONTACTS, PLEASE USE A SEPARATE SHEET OF PAPER AND ATTACH TO THIS APPLICATION)

Continued on Reverse Side

MAY WE PUT YOUR BUSINESS INFORMATION ON OUR CITY DIRECTORY/CITY WEBSITE? YES NO

MAY WE SHARE YOUR BUSINESS INFORMATION WITH THE ONTARIO CHAMBER OF COMMERCE? YES NO

HAVE YOU MADE ANY SUBSTANTIAL CHANGES TO YOUR FLOOR PLAN SINCE INITIAL APPLICATION OR LAST RENEWAL: YES NO

CONSENT TO AUTHORIZE A PRE-FIRE INSPECTION OF THE BUSINESS PREMISES TO ALLOW DIAGRAMING THE INTERIOR OF THE BUILDING AND TO IDENTIFY FEATURES RELEVANT TO FIRE SUPPRESSION:

PLEASE SIGN HERE _____

IS THERE A BASEMENT: YES NO

IS THERE A SECOND (OR HIGHER) STORY: YES NO

ROOF ACCESS LOCATION: _____

KNOX BOX: YES NO IF YES, LOCATION: _____ FIRE SUPPRESSION SYSTEM: YES NO

AUTOMATED EXTERNAL DEFIBRILLATOR (AED): YES NO IF YES, LOCATION(S): _____

ALARM: YES NO IF YES, TYPE(S): _____

ALARM COMPANY/PHONE: _____

DOES YOUR FACILITY CONTAIN HAZARDOUS MATERIALS: YES NO IF YES, PLEASE LIST: _____

DOES ANYONE RESIDE ON THE PREMISES: YES NO IF YES, PLEASE NOTE LOCATION ON FLOOR PLAN (*SEE ABOVE REQUEST)

ANIMALS ON PREMISES: YES NO TYPE(S): _____

I declare that the statements made herein are made in good faith and to the best of my knowledge are true, correct, and complete.

SIGNED: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____

Please submit the completed Application to Ontario City Hall, 444 SW 4th Street, Ontario, Oregon, 97914. For questions, please call 541.889.7684.

THANK YOU

NOTE: If more than one business is conducted on the same premises, each business must register separately in order for them to be listed on the city's website.