



City of Ontario  
444 SW 4<sup>th</sup> Street  
Ontario, OR 97914  
Voice (541)889-7684  
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[www.ontariooregon.org](http://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 4<sup>th</sup> 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.