

CITY OF JACKSON BUSINESS LICENSE

A LICENSE IS REQUIRED TO CONDUCT BUSINESS WITHIN THE CITY LIMITS OF JACKSON. FOR MORE INFORMATION ON WHO SHOULD OBTAIN A BUSINESS LICENSE, PLEASE CONTACT THE CITY CLERK'S OFFICE AT 573-243-3568 OR EMAIL LICENSE@JACKSONMO.ORG.

YOU CAN REVIEW CHAPTER 37 OF JACKSON MUNICIPAL CODE AT https://library.municode.com/mo/jackson/codes/code_of_ordinances

FOR NEW BUSINESSES/EXISTING BUSINESSES CHANGING THE SCOPE OR LOCATION OF THEIR WORK, PLEASE GO THROUGH THE FOLLOWING CHECK LIST TO HELP EXPEDITE YOUR LICENSING REQUEST.

- ✓ *COMPLETE ZONING & BUILDING COMPLIANCE DETERMINATION FORM AND GET APPROVAL OR WAIVER FROM BUILDING AND PLANNING.*
- ✓ *COMPLETE CITY OF JACKSON BUSINESS LICENSE APPLICATION.*
- ✓ *OBTAIN NO TAX DUE VERIFICATION FROM MISSOURI, IF REQUIRED. (See <https://dor.mo.gov/taxation/business/filing-payment/no-tax-due/>)*
- ✓ *COMPLETE BUSINESS EMERGENCY NOTIFICATION FORM, IF YOU HAVE A COMMERCIAL BUILDING LOCATED WITHIN JACKSON CITY LIMITS.*
- ✓ *RETURN ALL COMPLETED FORMS AND NO TAX DUE VERIFICATION TO:*

*CITY COLLECTOR-BUS LIC
101 COURT STREET, JACKSON, MO 63755
OR
LICENSE@JACKSONMO.ORG*

THE CLERK AND COLLECTOR WILL DETERMINE THE COST OF YOUR LICENSE, BASED ON YOUR BUSINESS TYPE AS DEFINED BY CITY ORDINANCE.



APPLICATION FOR ZONING & BUILDING COMPLIANCE DETERMINATION
REQUIRED PRIOR TO LICENSES FOR NEW OR RELOCATED BUSINESSES

Complete all the information below and submit this form to the City Clerk's Office with your completed business license application. For questions, contact Public Works at 573-243-2400 or e-mail permits@jacksonmo.org

DATE OF APPLICATION: _____

BUSINESS NAME: _____

PROPOSED BUSINESS LOCATION: _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER MAILING ADDRESS: _____

PROPERTY OWNER TELEPHONE: _____

PREVIOUS USE OF BUILDING: _____

PROPOSED USE OF BUILDING(S): _____

WILL THERE BE OTHER BUSINESSES OR RESIDENCES IN THIS BUILDING? YES NO
DESCRIBE: _____

IS THE BUSINESS LOCATED IN A HOME, APARTMENT, OR RESIDENTIAL ACCESSORY BUILDING? YES NO

WILL ANY REMODELING / RENOVATION BE DONE TO BUILDING? YES NO
DESCRIBE: _____

IS OFF-STREET PARKING AVAILABLE ON SITE? YES NO

NO. OF EXISTING OFF-STREET PARKING SPACES _____

NO. OF EXISTING OFF-STREET HANDICAP ACCESSIBLE PARKING SPACES _____

WILL PARKING AREAS BE ADDED OR RENOVATED? YES NO

WILL FREE-STANDING SIGNS BE ADDED FOR THIS BUSINESS? YES NO

WILL ATTACHED SIGNS BE ADDED FOR THIS BUSINESS? YES NO

NO. OF FREE-STANDING SIGNS PROPOSED: _____

I hereby certify that I am the property owner or authorized agent for property owner:

Signature: _____ Date: _____

THE INFORMATION BELOW IS TO BE COMPLETED BY THE BUILDING / ZONING OFFICIAL

Current zoning district: _____ Is the proposed use allowed in this zone? YES NO
Does existing & proposed parking meet minimum requirements? YES NO
Will the proposed number of free-standing signs be compliant? YES NO

The following items related to this business will require permits:

Special Use Construction Renovation/Addition Signs Parking Alterations

This application is hereby APPROVED DENIED

Signature of building / zoning official: _____ Date: _____



**APPLICATION FOR CITY OF JACKSON
BUSINESS LICENSE**

For Office Use Only	
License#	_____
Alpha ID	_____
Fee	_____
Date Issued:	_____

ALL REQUIREMENTS MUST BE MET BEFORE A BUSINESS LICENSE CAN BE ISSUED. APPLICABLE BUSINESS LICENSE INFORMATION IS REPORTED TO THE CAPE GIRARDEAU COUNTY HEALTH DEPARTMENT BY THE CITY OF JACKSON. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR CORRECTION BEFORE LICENSE ISSUANCE.

1. Complete **ALL** the forms and return to: **CITY COLLECTOR-BUS LIC, 101 COURT ST, JACKSON, MO 63755.**
2. PROVIDE A COPY OF YOUR MISSOURI SALES TAX CERTIFICATE AND NO TAX DUE STATEMENT, IF APPLICABLE. It is unlawful (pursuant to Section 287.18 RSMo.) for any applicant to provide fraudulent information.
3. Complete City Police Business Emergency Form, provide all necessary information.
4. For new or relocating businesses, you must receive any necessary zoning and permit approval(s) from the City of Jackson Building and Planning Department.

NEW LICENSE? RENEWAL LICENSE? BUSINESS RELOCATION?

TODAY'S DATE: _____ BUSINESS STARTED IN: _____

SALES TAX # (FOR RETAIL SALES BUSINESS ACTIVITY): _____
(PLEASE ATTACH CERTIFICATE AND CURRENT NO TAX DUE STATEMENT TO APPLICATION)

BUSINESS NAME: _____

CONTACT'S NAME: _____

BUSINESS ADDRESS: _____

IS THIS BUSINESS OPERATED YEAR-ROUND OUT OF A RESIDENCE OR STOREFRONT LOCATED IN JACKSON CITY LIMITS? YES NO

MAILING ADDRESS: _____
(IF DIFFERENT THAN ABOVE)

MAIN PHONE: _____ CELL-PHONE: _____

ADDITIONAL PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

LICENSE TYPE YOU ARE APPLYING FOR: _____
(IF DIFFERENT THAN LISTED ON RENEWAL NOTICE)

BUSINESS DESCRIPTION: _____

***Be advised that under 610.023 RSMo the name, address and type of business is a matter of public record and may be disclosed upon request.
FOR QUESTIONS, PLEASE CALL (573) 243-4404 OR E-MAIL LICENSE@JACKSONMO.ORG*



Jackson Police Department

BUSINESS EMERGENCY NOTIFICATION INFORMATION



The following information is requested so that the records within the City Of Jackson Police/Fire Dispatch Center may be updated. The information is used to contact someone from your business after hours.

Name of Business: _____

Address of Business: _____

Business Phone Number: _____

Please list up to three local person that have keys to the business. List in the order they should be contacted:
Please include name, position/title and phone number below.

Name	Position/Title	Phone Number
1	_____	_____
2	_____	_____
3	_____	_____

Does your business have an alarm: Yes: _____ No: _____

If yes, Alarm Company: _____ Phone : _____

Type alarm: Hold-Up: _____ Burglary: _____ Fire: _____

Sprinkler System: _____ Other: _____

Does business have video cameras? _____ Inside Only _____ Outside Only
 _____ Inside and Outside Cameras

Is there any Hazardous Material on the property: Yes: _____ No: _____

If yes, please list what kind and location:

Any Additional information either police or fire might need: _____

In the event of an emergency - Dial 911.

Regular Business Numbers

Jackson Police Department
 202 W Jackson Blvd
 Jackson, MO 63755
 Phone: 243-3151
 Fax: 243-9797

THANK YOU

Jackson Fire Rescue
 503 S. Hope St.
 Jackson, Mo 63755
 Phone: 243-1010