



APPLICATION FOR CITY OF JACKSON  
BUSINESS LICENSE

For Office Use Only	
License #	_____
Fee	_____
Date Issued	_____
Lic. Type	_____

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.

DATE: \_\_\_\_\_ NEW LICENSE?      RENEWAL LICENSE?      BUSINESS RELOCATION?

TAXPAYER ID / SSN / EIN: \_\_\_\_\_ BUSINESS STARTED IN: \_\_\_\_\_  
(MONTH/YEAR)

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(if different than above)

BUSINESS TELEPHONE: \_\_\_\_\_

TYPE OF LICENSE APPLYING FOR: \_\_\_\_\_

DESCRIPTION OF BUSINESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOOD SOLD/SERVED?      LIQUOR SALES?      HOTEL/MOTEL?      CONVENIENCE STORE?

IF FOOD SOLD/SERVED, WHERE IS FOOD PREPARED? \_\_\_\_\_

SALES TAX # (for retail sales business activity): \_\_\_\_\_  
(Please attach certificate and current no tax due statement to application.)

BUSINESS OWNER'S NAME: \_\_\_\_\_

BUSINESS OWNER'S ADDRESS: \_\_\_\_\_

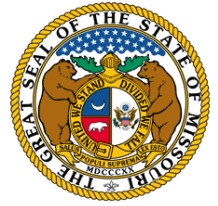
BUSINESS OWNER'S TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*\*\*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.*



# Notice to City of Jackson Merchants



## No Tax Due Statement Information

According to Missouri law, cities, counties and state agencies ***must*** require a statement of no tax due from the Department of Revenue before issuing or renewing any city or county occupation license or any state license required for conducting any business where goods are sold at retail. The statement of no tax due will verify that the retail business has filed and paid all of its sales and withholding tax obligations.

*“Beginning January 1, 2009, the possession of a statement from the Department of Revenue stating no tax is due under sections 143.191 to 143.265, RSMO, (withholding tax) or sections 144.010 to 144.510, RSMo, (sales tax) shall be prerequisite to issuance or renewal of any city or county occupation license or any state license required for conducting any business where goods are sold at retail.”*

**In order for the business owner/taxpayer to obtain a "no tax due" through the online system, the business must be registered with the Missouri Department of Revenue and make sales at retail in Missouri. The information derived from the online system is strictly confidential according to section 32.057, RSMo. Persons authorized to access taxpayer information may only do so in performing their official duties.**

**NOTE: Businesses that do not make sales at retail are not required to obtain a No Tax Due Certificate.**

*Information is available online at <http://dor.mo.gov/tax/business/sales/notaxdue/>.*

**If you have any questions about this law and its requirements, please contact:**

Missouri Department of Revenue  
Taxation Bureau  
P.O. Box 3666  
Jefferson City, MO 65105-3666  
Fax: (573) 522-1265  
Telephone: (573) 751-9268  
E-mail: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)



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



# 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 and phone number below.

Name	Phone Number
1 _____	_____
2 _____	_____
3 _____	_____

Does your business have an alarm:                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

If yes, Alarm Company: \_\_\_\_\_ Phone : \_\_\_\_\_

Type alarm:                      Hold-Up: \_\_\_\_\_                      Burglary: \_\_\_\_\_                      Fire: \_\_\_\_\_

Spinkler System:                      \_\_\_\_\_                      Other: \_\_\_\_\_

Does business have video cameras?                      Yes: \_\_\_\_\_                      No: \_\_\_\_\_

If Yes please circle where cameras are located:

Inside Only                       Outside only                       Inside and Outside Camera's

Is there any Hzardous 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  
525 S. Hope St  
Jackson, MO 63755  
Phone: 243-3151

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

THANK YOU