



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 information below and return to: CITY COLLECTOR-BUS LIC, 101 COURT ST, JACKSON, MO 63755.
2. Provide a copy of your Missouri Sales Tax Certificate, 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, 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: _____

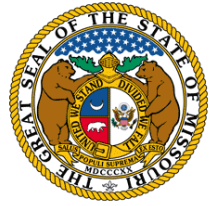
BUSINESS OWNER'S TELEPHONE: _____

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



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: _____

Sprinkler System: _____ Other: _____

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
525 S. Hope St
Jackson, MO 63755
Phone: 243-3151
Fax: 243-9797

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

THANK YOU



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

DESCRIBE: _____

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: _____