

## 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](mailto:LICENSE@JACKSONMO.ORG).

YOU CAN REVIEW CHAPTER 37 OF JACKSON MUNICIPAL CODE AT [https://library.municode.com/mo/jackson/codes/code\\_of\\_ordinances](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](mailto: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](mailto: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: \_\_\_\_\_

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### **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

