RETAIL BUSINESS LICENSE

INSIDE CITY LIMITS
COMMERCIAL/NON-RESIDENTIAL LOCATION

REQUIREMENTS:

1. Completed license application.
2. All applicants must contact the following departments for inspections:
   
   Fire Department at (573)634-6407 or (573)634-6401
   Building Department at (573)634-6410

   You will not be allowed to open for business until approved by these departments. This includes new businesses, change in location and change in ownership.

Completed application (and all applicable documentation) and payment may be dropped off at or mailed to:

   City of Jefferson, John G. Christy Municipal Building
   Attn: Business Licensing
   320 E. McCarty Street, Room 202
   Jefferson City, MO 65101

We also accept submittal of your application (and all applicable documentation) by email (billing@jeffersoncitymo.gov) or fax (573-634-6329).

Contact the Business License Administrator at (573) 634-6322 or billing@jeffersoncitymo.gov for any further questions.

You may find the relevant City code, Chapter 17 – Licenses, Taxation and Miscellaneous Business Regulations – online at http://www.jeffersoncitymo.gov/government/city_code.php. You are encouraged to review its contents.

BENEFICIAL REFERENCES:

1. To see if you qualify for a Cole County Merchants License, contact the Cole County Collector’s office located at 311 E. High Street, Room 100 or call (573) 634-9124 or you may go to their website: http://www.colecounty.org/318/Merchant-License-Information
2. To register your business name, you may either go to the Missouri Secretary of State’s office located at 600 West Main Street, call (573) 751-4153 or go their website: http://www.sos.mo.gov/business/corporations/forms
3. To decide which form of business entity you wish to establish, you may visit the local IRS office located at 3702 West Truman Boulevard., call (573) 635-6827 or you may go to their website: http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Business-Structures
4. To apply for a Federal Employee Identification number, you may visit the local IRS office located at 3702 West Truman Boulevard or call (573) 635-6827 or you may go to their website: http://www.irs.gov/Businesses/Small-Businesses-&-Self-Employed/Employer-ID-Numbers-EINs
5. To apply for a Missouri State Sales Tax number, contact the Missouri Department of Revenue at (573)751-9268 or visit their website: http://dor.mo.gov/business/
CHECK ONE OF THE FOLLOWING: NEW BUSINESS: ☐ CHANGE IN LOCATION: ☐ CHANGE IN OWNERSHIP: ☐

BUSINESS NAME: ____________________________
Doing Business As: ____________________________

BUSINESS PHYSICAL LOCATION: ____________________________
MAILING ADDRESS (IF DIFFERENT THAN ABOVE): ____________________________

PHONE #: ______________________ FAX #: ______________________ CELL #: ______________________
EMAIL: ____________________________

TYPE OF BUSINESS/GOODS/ SERVICES TO BE OFFERED (Be Specific): ____________________________

APPROXIMATE # OF EMPLOYEES: ____________________________

OWNER NAME: ____________________________
OWNER HOME ADDRESS: ____________________________
OWNER PHONE #: ____________________________
MISSOURI STATE SALES TAX NUMBER: ____________________________

FEDERAL EMPLOYEE ID # OR DRIVERS LICENSE #: ____________________________

DATE YOU WISH TO BEGIN CONDUCTING BUSINESS: ____________________________

INTENDED HOURS OF OPERATION: ____________________________

ALARM COMPANY NAME & PHONE NUMBER: ____________________________

EMERGENCY AFTER HOUR CONTACT NAME & PHONE NUMBER: ____________________________

I affirm that the information on this application is factual, that this business will be conducted in accordance with all applicable State and City laws and that all City taxes/fees have been paid. I understand that if I am approved that any false statements made by me on this application may result in the revocation of this license.

SIGNATURE: ____________________________ DATE: ____________________________
(Owner/Officer/Authorized Agent)

PRINT NAME OF SIGNER: ____________________________ TITLE OF SIGNER: ____________________________
Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.

**LICENSE FEE:**

Estimate the gross sales volume of said business for the ensuing year beginning July 1st and ending June 30th (Table 1).

Enter License Cost (Table 1) based on estimated gross sales volume $_______________________

<table>
<thead>
<tr>
<th>BRACKET (TABLE 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross Receipts</strong></td>
</tr>
<tr>
<td>$0-$49,999.99</td>
</tr>
<tr>
<td>$50,000-$99,999.99</td>
</tr>
<tr>
<td>$100,000-$249,999.99</td>
</tr>
<tr>
<td>$250,000-$499,999.99</td>
</tr>
<tr>
<td>$500,000-$749,999.99</td>
</tr>
<tr>
<td>$750,000-$999,999.99</td>
</tr>
</tbody>
</table>

---

**JEFFERSON CITY FIRE DEPARTMENT**

**BUSINESS LICENSE REGISTRATION AND INSPECTION REQUEST**

The Jefferson City Fire Department requires that all businesses be inspected before opening for business as defined in the International Fire Code 2000. **106.1 Inspection Authority:** The code official is authorized to enter and examine any building, structure, marine vessel, vehicle, or premises in accordance with Section 104.3 for the purpose of enforcing this code.

Business owners will be required to contact the Fire Department no later than five business days prior to the business opening to schedule an inspection of the property. Businesses that require an inspection are new businesses, businesses relocating to a new location or a change in business type (ex. Retail to office). You will not need an inspection for a home based business or a business outside Jefferson City limits. Businesses will not be allowed to open until an inspection is completed by the Jefferson City Fire Department. Please call (573)634-6407 or (573)634-6401 to schedule all inspections.

**Business Name:** ___________________________________________  **Phone #** __________________________

**Business Address:** _______________________________________  **Business Owner’s Name:** __________________________

**Type of Business:** ___________________________  **Date Opening:** ___________________________

**CHECK ONE:** New Business [ ]  Change In Location [ ]  Change in Ownership [ ]

For Office Use Only:

**Date inspection requested:** ___________________________  **Inspector Approved/Denied:** ___________________________