

# **RETAIL BUSINESS LICENSE**

## **INSIDE JEFFERSON CITY LIMITS** **HOME-BASED BUSINESS**

### **REQUIREMENTS:**

1. Completed license application and license fee payment.
2. Completed Home Occupation Application and one-time payment of \$55.
3. Missouri State Sales Tax Certificate, which may be obtained from the Missouri Department of Revenue (see reference number 5 below).

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@jeffcitymo.org](mailto:billing@jeffcitymo.org)) or fax (573-634-6329) and subsequent credit or debit card payment by phone (573-634-6322).

Contact the Business License Administrator at (573) 634-6322 or [billing@jeffcitymo.org](mailto:billing@jeffcitymo.org) for any further questions.

You may find the relevant City code, Chapter 17 – Licenses, Taxation and Miscellaneous Business Regulations and Chapter 35 – Zoning Code – online at [http://www.jeffersoncitymo.gov/government/city\\_code.php](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/>



**OFFICE OF THE CITY LICENSE  
INSPECTOR  
320 EAST MCCARTY ST.  
JEFFERSON CITY, MO 65101  
PHONE: (573)634-6322 FAX: (573)634-6329  
EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)**

**RETAIL BUSINESS  
LICENSE  
APPLICATION  
INSIDE CITY LIMITS  
HOME-BASED 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: \_\_\_\_\_

EMERGENCY AFTER HOUR CONTACT NAME & PHONE NUMBER: \_\_\_\_\_

EMERGENCY AFTER HOUR CONTACT 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 1<sup>st</sup> and ending June 30<sup>th</sup> (Table 1).

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

**BRACKET (TABLE 1)**

Gross Receipts	License Cost	Gross Receipts	License Cost
\$0-\$49,999.99	\$25.00	\$1,000,000-\$1,499,999.99	\$225.00
\$50,000-\$99,999.99	\$50.00	\$1,500,000-\$1,999,999.99	\$250.00
\$100,000-\$249,999.99	\$80.00	\$2,000,000-\$2,999,999.99	\$275.00
\$250,000-\$499,999.99	\$120.00	\$3,000,000-\$3,999,999.99	\$300.00
\$500,000-\$749,999.99	\$160.00	\$4,000,000-\$4,999,999.99	\$325.00
\$750,000-\$999,999.99	\$200.00	\$5,000,000 and above	\$350.00

# APPLICATION FOR HOME OCCUPATION

City of Jefferson, Missouri  
320 East McCarty Street  
Jefferson City, Missouri 65101

**Please type or print clearly with blue or black ink. Please attach the application fee of \$55.**

1. Applicant Name(s): \_\_\_\_\_
2. Street address of home occupation: \_\_\_\_\_
3. Telephone No. (Business) \_\_\_\_\_ (Cell/Home) \_\_\_\_\_
4. Name of business (if named) \_\_\_\_\_
5. Describe type or nature of business \_\_\_\_\_
6. a. Do you reside at the above address? \_\_\_\_\_ No \_\_\_\_\_ Yes  
b. If no, where do you reside? \_\_\_\_\_
7. Are you the owner of this property? \_\_\_\_\_ No (please see Page 2) \_\_\_\_\_ Yes
8. Other home occupations at this address (please list): \_\_\_\_\_
9. How many persons will be involved or employed in the conduct of the proposed occupation:  
Full-time residents of the dwelling: \_\_\_\_\_ Others: \_\_\_\_\_ Total: \_\_\_\_\_
10. a. Do you have employees? \_\_\_\_\_ No \_\_\_\_\_ Yes  
b. If yes, number of employees \_\_\_\_\_  
c. If yes, where will employees report for work? \_\_\_\_\_  
d. Will employees come to the residence? \_\_\_\_\_ Yes \_\_\_\_\_ No  
e. How often will employees come to the residence? \_\_\_\_\_
11. What are the hours of operation? \_\_\_\_\_
12. a. Please list mechanical, electrical or other equipment used in the home occupation.  
\_\_\_\_\_  
b. Does equipment require special mechanical, electrical or plumbing? \_\_\_\_\_ No \_\_\_\_\_ Yes  
c. Location where such equipment is used or stored \_\_\_\_\_
13. a. Please list substances or chemicals are used in the home occupation \_\_\_\_\_  
b. Location where substances or chemicals are used and/or stored: \_\_\_\_\_
14. Type of customer/client contact to obtain product or utilize service (check all that apply):  
a. \_\_\_\_\_ Telephone, internet, or by mail  
b. \_\_\_\_\_ Off-site, at client's home or place of business  
c. \_\_\_\_\_ At your home; please explain \_\_\_\_\_
15. If people will come to your home to obtain products or services,  
a. How many per day? \_\_\_\_\_ b. How many per week? \_\_\_\_\_  
c. How many people at one time (groups)? \_\_\_\_\_
16. a. Will you receive any deliveries for the home occupation? \_\_\_\_\_ No \_\_\_\_\_ Yes  
b. If yes, how many deliveries will be received each week? \_\_\_\_\_  
c. If yes, name the carrier and type of vehicle: \_\_\_\_\_
17. a. Number and type of vehicles used in your home occupation \_\_\_\_\_  
b. Number and type of trailers used in home occupation (if any) \_\_\_\_\_  
c. If trailer(s) is used, license number(s): \_\_\_\_\_  
d. Where will vehicles and trailers be parked/stored? \_\_\_\_\_
18. List square feet (SF) used for the home occupation:  
a. Inside the residence: \_\_\_\_\_ SF b. In accessory buildings: \_\_\_\_\_ SF
19. Please indicate the total floor area of the residence: \_\_\_\_\_ SF
20. a. Do you intend to advertise your home occupation? \_\_\_\_\_ No \_\_\_\_\_ Yes  
b. If yes, please explain \_\_\_\_\_

Rev 6.7.2013

*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.*

**Applicant's Certification.** I certify that the information contained in this application is complete and accurately represents my home occupation. I have read Section 35-41.B.12 of the Jefferson City Zoning Code (standards for the conduct of home occupations) and agree to operate my home occupation in conformity with these standards.

**Applicant's Signature:** \_\_\_\_\_

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

**Property Owner Approval.** *If the applicant is not the property owner, a property owner must complete this section.* I certify that I am the owner of the property referenced above, and I hereby grant permission to the Applicant to operate the home occupation described in this application upon the referenced property (only one property owner is required to sign).

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Numbers (Home/Work) (Cell)

*Do not write below this line – for City use only*

If APPROVED this application becomes the HOME OCCUPATION PERMIT. Applicants who are denied home occupation permits may appeal to the Board of Adjustment in accordance with Section 35-73 of the Zoning Code.

<input type="checkbox"/> <b>DENIED</b> This application for home occupation permit <b>does not conform</b> to Section 35-41.B.12 and is <b>DENIED</b> for the following reason(s):  _____  _____  _____  By _____  Date _____
--

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>CONDITIONALLY APPROVED</b> This application for home occupation permit conforms to Section 35-41.B.12 and is approved subject to the following conditions:  _____  _____  _____  By _____  Date _____
--

Rev 6.7.2013

*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.*

**CITY OF JEFFERSON, MISSOURI DEPARTMENT OF  
PLANNING AND PROTECTIVE SERVICES ZONING  
REGULATIONS FOR HOME OCCUPATIONS**

Section 35-41.B.12. Home Occupations.

- a. Purpose. The purpose of these home occupation regulations, standards and requirements are:
  - (1) to permit and regulate the conduct of home occupations as an accessory use incidental to a dwelling unit, whether owner or renter occupied;
  - (2) to ensure that such home occupations are compatible with, and do not have a injurious effect on adjacent and nearby residential properties and uses;
  - (3) to adequately protect existing residential neighborhoods from dust, odors, noise, traffic and/or other potentially adverse effects of home occupations;
  - (4) to allow residents of the community to use their homes as a work place and a source of livelihood, under certain specified standards, conditions and criteria;
  - (5) to enable the fair and consistent enforcement of these home occupation regulations; and
  - (6) to promote and protect the public health, safety and general welfare.
- b. Generally. No home occupation, except as otherwise provided herein, may be initiated, established, or maintained except in conformance with the regulations, administrative procedures and standards set forth in this Section.
  - c. Permit Required. No home occupation shall be established until a home occupation permit has been issued by the Director.
- d. Home Occupation Performance Standards. Home occupations shall comply with the following performance standards:
  - (1) Home occupations may be operated only by a full-time resident of the property in which the activity occurs. A home occupation shall not involve the assistance of on-site employees who do not reside on the premises as full-time residents.
  - (2) The home shall maintain a residential appearance and shall not be modified to call attention to the home occupation.
  - (3) No more than one non-illuminated sign, with a maximum size of one square foot, and affixed against the wall or a window, shall be permitted for a residence where one or more home occupations are operated.
  - (4) The home occupation shall be conducted completely within the residence or accessory structure and the total space used for all home occupations shall not exceed 25 percent of the total floor area, or 400 square feet, whichever is less, of the residence including basement and/or finished attic spaces.
  - (5) The applicant for a home occupation shall demonstrate that public facilities and utilities are adequate to safely accommodate any equipment used in conjunction with the home occupation.

Rev 6.7.2013

*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.*

**CITY OF JEFFERSON, MISSOURI**  
**DEPARTMENT OF PLANNING AND PROTECTIVE SERVICES**  
**ZONING REGULATIONS FOR HOME OCCUPATIONS**

- (6) Mechanized equipment, used in conjunction with the home occupation, shall be used only within a completely enclosed structure. No equipment shall be used that creates a nuisance due to odor, vibration, noise, electrical interference or fluctuation in line voltage beyond the property line of the lot upon which the home occupation is conducted. Use of power equipment in open garages, on driveways, or on patios is prohibited. No mechanized equipment shall be stored outside.
  - (7) No materials, goods or equipment, including equipment being repaired or used in conjunction with the home occupation, shall be stored or displayed outdoors.
  - (8) Only one vehicle may be used for the home occupation and shall not exceed one ton capacity. One trailer only may be used in the conduct of a home occupation and shall be stored in an enclosed garage on the premises or stored off-site at a location approved for such storage.
  - (9) Storage or use of dangerous, combustible or volatile materials to be used in conjunction with the home occupation shall be governed by the Jefferson City Fire Code.
  - (10) No more than eight (8) additional vehicle trips per day shall be generated by the home occupation.
  - (11) Deliveries related to the home occupation shall not occur more frequently than twice per day between 7:00 a.m. and 7:00 p.m., not including any deliveries made by the U.S. Postal Service. Deliveries shall not require the use of vehicles other than parcel post or similar parcel service vehicles. Tractor trailer use for general freight hauling is not permitted.
  - (12) Customer and client contact shall be conducted by electronic means, telephone, by mail, or off-site and not on the premises of the home occupation, except for home occupations such as day care service, tutoring, or teaching. The home occupation shall not solicit customers to come to the home address by (1) advertising an “open house” for marketing products or services available; or (2) print or broadcast media including telephone “yellow page” ads.
- e. Prohibited Home Occupations. The following uses shall not be permitted as home occupations:
- (1) Any home occupation that involves the congregation of non-resident employees at a dwelling unit;
  - (2) Barber shops and beauty parlors;
  - (3) Cabinet making, furniture making;
  - (4) Dancing schools;
  - (5) Medical or dental offices or clinics, chiropractors, veterinarians, massage therapy, tattooing, body piercing, and counseling provided at the residence;
  - (6) Motor vehicle repair or service;
  - (7) Stripping, sanding, refinishing, restoration or painting of vehicles, household appliances or furniture;

Rev 6.7.2013

*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.*

**CITY OF JEFFERSON, MISSOURI**  
**DEPARTMENT OF PLANNING AND PROTECTIVE SERVICES**  
**ZONING REGULATIONS FOR HOME OCCUPATIONS**

- (8) Antique, resale, or second hand shops;
  - (9) Repair shop for appliances, computers or equipment, except that an office only for such businesses may be established as a home occupation with no storage or dropping off of the appliances, computers or equipment at the residence;
  - (10) Studios, including photography, audio and video production;
  - (11) Contractors' operations, including home maintenance, excavating, landscaping or lawn maintenance services; except that an office only for such businesses may be established as a home occupation, with no storage or dropping off of equipment, vehicles, or materials at the residence;
  - (12) Home occupations which fail to meet the standards of this Article.
- f. Burden of Proof. In any and all procedures, hearings and appeals, the burden of proof regarding compliance and qualification for a home occupational use of property shall be on the person seeking or attempting to retain a home occupation use.
- g. Application Content. Any application required for any permit or license related to a home occupation shall include at least the following information:
- (1) the first and last name(s) of the persons operating the home occupation;
  - (2) the specific nature of the home occupation;
  - (3) the address of the residence to be used for said home occupation;
  - (4) whether or not the home occupation will involve the receiving of clients or customers, and if so, the anticipated volume and frequency of the same;
  - (5) the anticipated frequency of the deliveries related to the home occupation; and
  - (6) list of chemicals, materials and substances used in conjunction with the home occupation.
- h. Revocation of Home Occupation Permits. If, in the opinion of the Director, any home occupation has become a safety hazard to the public, pedestrians, motorists, or to adjacent or nearby properties, residents or businesses, the Director shall institute proceedings to revoke the home occupation permit. Failure to abide by performance standards in this ordinance, failure to abide by any special conditions of the permit or the operation is not in compliance with the conditions described in the permit application shall be grounds for revocation of the home occupation permit. Notice of Intent to Revoke the Home Occupation shall be sent to the property owner on which the home occupation is being undertaken and the operator of the home occupation. Notice and procedure shall be in accordance with Section 35-70.
- i. Appeals of Decisions Involving Home Occupations. The applicant shall have the right to file an appeal of a decision of the Director with the Board of Adjustment in conformance with Section 35-73B or C.

Rev 6.7.2013

*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.*