RETAIL BUSINESS LICENSE

OUTSIDE JEFFERSON CITY LIMITS

REQUIREMENTS:
1. Completed license application and license fee payment.
2. 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@jeffersoncitymo.gov) 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@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/
RETAIL BUSINESS LICENSE APPLICATION OUTSIDE CITY LIMITS

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>Gross Receipts</th>
<th>License Cost</th>
<th>Gross Receipts</th>
<th>License Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0-$49,999.99</td>
<td>$25.00</td>
<td>$1,000,000-$1,499,999.99</td>
<td>$225.00</td>
</tr>
<tr>
<td>$50,000-$99,999.99</td>
<td>$50.00</td>
<td>$1,500,000-$1,999,999.99</td>
<td>$250.00</td>
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<td>$100,000-$249,999.99</td>
<td>$80.00</td>
<td>$2,000,000-$2,999,999.99</td>
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<td>$3,000,000-$3,999,999.99</td>
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<tr>
<td>$500,000-$749,999.99</td>
<td>$160.00</td>
<td>$4,000,000-$4,999,999.99</td>
<td>$325.00</td>
</tr>
<tr>
<td>$750,000-$999,999.99</td>
<td>$200.00</td>
<td>$5,000,000 and above</td>
<td>$350.00</td>
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</tbody>
</table>