

License # \_\_\_\_\_ Issued: \_\_\_\_\_ Cost: \_\_\_\_\_

**OFFICE OF THE CITY LICENSE INSPECTOR  
CITY HALL 320 EAST MCCARTY STREET  
JEFFERSON CITY, MO 65101  
(573)634-6322 FAX: (573)634-6329  
BUSINESS LICENSE APPLICATION**

**YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE  
IS APPROVED AND ISSUED.**

**Please Print or Type All Information**

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

Business Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

Owner Home Address: \_\_\_\_\_

If more than one owner, please use back of form.

Type of Business: \_\_\_\_\_

( ) New Business      Existing (check one) \_\_\_\_\_ Change in ownership      \_\_\_\_\_ Change in location  
( ) Owner      ( ) LLC      ( ) Partnership      ( ) Corporation

Home Based Business: \_\_\_\_\_ Yes \_\_\_\_\_ No      Inside City Limits: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If answered **yes to both** you will need the Home Occupation Application)

Missouri State Sales Tax I.D. Number (if applicable): \_\_\_\_\_

Required to Carry Worker's Compensation Insurance under Mo. State Law: \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes we will need a copy of your certificate of insurance)

If you have a BEAUTY SALON, how many chairs (NOT OPERATORS) do you have? \_\_\_\_\_

Signature: \_\_\_\_\_

(Owner, Partner, Manager)

**APPROVAL REQUIRED**

Zoning Classification: \_\_\_\_\_

Home Occupation Permit Approved and issued      Date: \_\_\_\_\_

Community Development: \_\_\_\_\_ Date: \_\_\_\_\_

Environmental Services: \_\_\_\_\_ Date: \_\_\_\_\_

Building Regulations Division: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department: \_\_\_\_\_ Date: \_\_\_\_\_

The above business complies with all Ordinances of the City of Jefferson, including Zoning Ordinance.

Finance Department: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*APPLICANT COPY\*\***  
**CITY OF JEFFERSON**  
(Please keep this copy)

**FLAT FEE / SERVICE ORIENTED BUSINESS**

1. A completed business license application with contact information. Business owners will be required to contact **Fire Department at 573-634-6407** to schedule an inspection. Businesses that require an inspection are **new businesses, businesses relocating to a new location** or a **change in business type** (i.e. retail to office). You will not need an inspection for a home based business or if you are outside city limits.

**You will not be allowed to open for business until application is approved by the Fire Department.**

2. A copy of your Missouri State Sales Tax I.D. number certificate if applicable. No license will be issued if applicant has any financial obligations due to the City or the State of Missouri.
3. **Submit Proof of Workers Compensation Insurance coverage if you are applying for a general contractor's, sub-contractor's, or construction industry license.**
4. The license fee must be made payable to the City of Jefferson. After July 1<sup>st</sup>, the license fee will pro-rate to half and remain that amount until December 31<sup>st</sup>. The license year is January 1<sup>st</sup> through December 31<sup>st</sup>.
5. Contact Cole County at 573-634-9124 to find out if you are required to hold a business license with the county.
6. Please contact **Fire Department at 573-634-6407** to schedule an inspection. Businesses that require an inspection are **new businesses, businesses relocating to a new location** or a **change in business type** (i.e. retail to office). You will **not** need an inspection for a home based business or if you are outside city limits.

**You will not be allowed to open for business until application is approved by the Fire Department.**

If you have any questions or require further information, you may contact my office at:

**Business Services Administrator**  
**Lorrie Jarrett**  
**City of Jefferson - Finance Department**  
**320 East McCarty Street**  
**Jefferson City, MO 65101**  
**Phone : 573-634-6322 Fax : 573-634-6329**  
[Ljarrett@jeffcitymo.org](mailto:Ljarrett@jeffcitymo.org)