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 $53.
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) 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 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 . 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.colecountycollector.org/collector.htm?id=117
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

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: _____

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).

License Cost (Table 1) _____ X Rate Multiplier (Table 2) _____ = Amount Due _____

(Round the amount due to the nearest cent.)

BRACKET (TABLE 1)

Gross Receipts	*License Cost*	*Gross Receipts*	*License Cost*
$0-$50,000	$25.00	$1,000,001-$1,500,000	$225.00
$50,001-$100,000	$50.00	$1,500,001-$2,000,000	$250.00
$100,001-$250,000	$80.00	$2,000,001-$3,000,000	$275.00
$250,001-$500,000	$120.00	$3,000,001-$4,000,000	$300.00
$500,001-$750,000	$160.00	$4,000,001-$5,000,000	$325.00
$750,001-$1,000,000	$200.00	$5,000,001 and above	$350.00

For Prorating purposes, select the month that you are applying for a new business license and enter the rate multiplier above.

RATE MULTIPLIER (TABLE 2)

Application Month	*Rate Multiplier*	*Application Month*	*Rate Multiplier*
July (June 16-July 15)	No Prorating	January (Dec 16-Jan 15)	0.50000
August (July 16-Aug 15)	0.91666	February (Jan 16-Feb 15)	0.41666
September (Aug 16-Sept 15)	0.83333	March (Feb 16-Mar 15)	0.33333
October (Sept 16-Oct 15)	0.75000	April (Mar 16-Apr 15)	0.25000
November (Oct 16-Nov 15)	0.66666	May (Apr 16-May 15)	0.16666
December (Nov. 16-Dec. 15)	0.58333	June (May 16-June 15)	0.08333

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 $53.

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.

☐ **DENIED**
This application for home occupation permit **does not conform** to Section 35-41.B.12 and is **DENIED** for the following reason(s):

_____

_____

_____

By _____

Date _____

☐ **APPROVED**
☐ **CONDITIONALLY APPROVED**
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

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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.

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.

(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;

(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.

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