



City of Jacksonville

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Jacksonville, Or. 97530
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www.jacksonvilleor.us

Business License Application FY 2018-19

As required under Jacksonville Municipal Code Chapter 5.04

Please fill out the attached form completely to ensure accuracy of information. Print clearly! Any incomplete forms will need to be returned to you for completion and your business license will be held up until it is received.

New Registration

Non-Profit

The application fee for a business registration is based on the fiscal year of July 1 to June 30.

Non Profits are exempt from the fee if 501(c)(3) proof of Non Profit status is provided.

Renewal

Full Year (July 1 – June 30) \$80.00

Change of Ownership

Half Year (Jan 1 – June 30) \$40.00

Relocation of Business

Day (Up to Four Days per year) \$10.00 per day

Date(s) of day license _____ Site Address for day license _____ (required for day license)

BUSINESS INFORMATION

Business Name (Please include all names associated with the business - i.e. corporations, DBA, etc.) **(Please Complete)**

Business Physical Address **(Please Complete)**

Business Mailing Address **(if same as physical write same)**

City, State, Zip

City, State, Zip

Business Telephone: ()

Business Cell: ()

Owner Name (or corporation name and contact person as appropriate)

Description of Business Activity:

Type of Business: 501(c)(3) Corporation Limited Liability Corporation Sole Proprietorship

Limited Liability Partnership

If Contractor: CCB#

Certified Arborist? Y/N State License#

LCB#

PB#

ADDITIONAL BUSINESS INFORMATION

1. Is the business located in your home (Only if business in the City limits of Jacksonville)? Y/N - **If no go to #3 If yes staff needs to attach routing slip.**
2. Has the Planning Dept. already issued Home Occupation Permit? Y/N or Unknown **If yes go to page two of application if yes or unknown staff needs to attach routing slip.**
3. Is the business located in a commercial space in Jacksonville? Y/N **If yes go to #4 If no go to #6.**
4. Has the Planning Dept. already approved commercial space? Y/N **If yes go to #5 If no staff needs to attach routing slip.**
5. Is the business located within the parking district? Y/N **If no go to #6 If yes staff needs to attach routing slip.**
6. Does the business require an OLCC license? Y/N **If yes go to #7 If no go to back side of application.**
7. Has City Council already approved OLCC License? Y/N **If yes go to #8 if no staff needs to attach routing slip.**
8. I understand that the sale of alcohol has to be approved through City Council and the OLCC Board: **Initial** _____

BUSINESS REGISTRATION FEE SCHEDULE

Upon initial approval, the subsequent fiscal years will be billed unless the City is notified in writing of cancellation of registration. There will be no partial refund for businesses that cease operation within the fiscal year.

LICENSE FEES

Full Year Business License (July 1 – June 30) \$80.00
 Half Year Business License (**Jan 1 – June 30**) \$40.00
 Day License (Up to four per fiscal year) \$10.00

PENALTIES

Business License Late Fees (1-31 days) \$25.00
 Business License Late Fess (32-60 days) \$35.00
 Delinquent 61+ days \$1,000
 (fine billed per day and judge could impose 30-day jail sentence)

CALCULATED FEES

Full Years Business License \$ _____ Day Fee (number of days up to 4) _____ x \$10.00 \$ _____

or

Half Year Business License \$ _____
 (only available after January 1, 2018)

Parking District Fees \$ _____
 (calculated by staff - See routing slip)

* Number of employees after first three (3) _____
 x \$4.00 \$ _____

Grand Total \$ _____

* If you have less than 3 employees write zero. If you have more than 3 employees write the amount starting with the fourth employee. Please times that number by \$4.00 and put in line below. Make sure you add that total dollar amount to any other fees that apply to your business.

SIGNATURE

I hereby certify the contents of this application to be correct to the best of my knowledge, and furthermore, that I have read, understand and acknowledge that the responsibility for complying with all applicable Jacksonville Municipal Codes, ordinances, or regulations rests solely with the applicant.

Applicants Signature _____ Title _____

Print Name _____ Date _____

FOR OFFICE USE ONLY

License #	Date License Received	Date License Paid	Receipt #	Date Permit Mailed	Initials
Customer #					

You can pay online at <https://secure.cpteller.com/terminal/portal/?op=BJ90VOCu3wZS> Once you have paid please e-mail the form to recorder@jacksonvilleor.us or fax it to 541-899-7882. Please check this box to indicate you paid online so we can accurately record payment.