



# City of Jackson

http://ci.jackson.ca.us

## BUSINESS LICENSE APPLICATION/RENEWAL

Return this form with fee to:  
City of Jackson  
33 Broadway  
Jackson, CA 95642  
(209) 223-1646

**(Please Print)**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
(Area Code)

Business Location: \_\_\_\_\_  
Number Street Suite # City Zip

Mailing Address: \_\_\_\_\_  
Number Street Suite # City Zip

Business Owner: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Area Code)

Home Address: \_\_\_\_\_  
Number Street Suite # City Zip

E-Mail Address: \_\_\_\_\_

Is Application for  Sole Proprietorship  Partnership  Corporation: If Corporation list officers and titles:

\_\_\_\_\_  
Name (Title) Address (Area Code) Phone

\_\_\_\_\_  
Name (Title) Address (Area Code) Phone

Type of Business (Give Full Description) \_\_\_\_\_

Operating Date at this Location: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

State Sales Tax No.: \_\_\_\_\_ Federal Employer ID#: \_\_\_\_\_

State Employer I.D. # \_\_\_\_\_ State Contractors License #: \_\_\_\_\_

CONTRACTORS - Job Location Address: \_\_\_\_\_

Please Check Appropriate Boxes:

- New Business
- Name of Previous Owner and Business \_\_\_\_\_
- Fixed place of business in City of Jackson
- No. of Units/Spaces \_\_\_\_\_
- No fixed place of business in City of Jackson

Please indicate fees paid (refer to attached explanation of fees)

Base fee .....	=	_____
No. of Employees: _____ x \$ _____	=	_____
No. of Units _____ x \$ _____	=	_____
Disability Access Fee (required by State of California).....	=	1.00
Other (Flat Rate) .....	=	_____
Subtotal .....	=	_____
Late Fees (if applicable).....	=	_____
<b>Total Due.....</b>	<b>=</b>	<b>_____</b>

Your Business License will be issued under the provisions of Municipal Code Title 5, Business Licenses and Regulations. All annual license taxes are due and payable on the 1st day of July each year. For failure to pay a license tax by July 31st, the collector shall add a penalty of fifteen (15) percent.

I hereby certify under penalty of perjury that I have read and understand the above statement.

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

### OFFICE USE ONLY

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ License # \_\_\_\_\_

Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Cash  Planning Dept.  City Manager  City Council

SIC Code: \_\_\_\_\_ Check  Building Dept.  Health Dept.  Police Dept.  Other

**CITY OF JACKSON  
BUSINESS LICENSE TAX SCHEDULE**

\*\*\*BUSINESS CATEGORY/TYPE

<b>VARIABLE RATE:</b>	<b>AMOUNT PER YEAR</b>
<p><b><u>FIXED PLACE OF BUSINESS WITHIN JACKSON CITY LIMITS.</u></b>            Every person engaged at a fixed place of business within the City limits of Jackson, in any trade, calling, occupation, vocation, or other means of livelihood, as an independent contractor and not as an employee of another and not otherwise specified, shall pay license tax based upon the average number of regular employees employed in such business:</p> <p style="text-align: right;">first employee <b>\$65.00</b>  <b>plus</b> for the next nine employees <b>10.00 each</b>  <b>plus</b> each additional employee <b>5.00 each</b></p> <p>(The determination of the amount of tax is predicated upon (1) owner, or member of a partnership, or officer of a corporation actively engaged in such business as being the first employee subject to the minimum annual license tax; each additional active member of a partnership or corporation in such business shall, for the purpose of the computation of license taxes, be considered to be an employee.)</p>	<b>\$65.00 10.00 each 5.00 each</b>
<b>FLAT RATES:</b>	
<p><b><u>ALL PROFESSIONALS</u></b> . Including, but not limited to: Accountants, architects, attorneys, bookkeepers, chiropradists, chiropractors, dentists, doctors, oculists, physicians &amp; surgeons, engineers, land surveyors engaged in a fixed place of business in the City.</p>	<b>\$84.00</b>
<p><b><u>NO FIXED PLACE OF BUSINESS WITHIN JACKSON CITY LIMITS.</u></b>            Every person engaged at other than a fixed place of business within the City limits of Jackson, in any trade, calling, occupation, vocation, profession, or other means of livelihood, as an independent contractor and not as an employee of another, and not otherwise specified.</p>	<b>\$64.00</b>
<p><b><u>PEDDLERS AND SOLICITORS.</u></b></p>	<b>\$84.00</b>
<p><b><u>PEDDLERS AND SOLICITORS</u></b>, personally manufactured articles.</p>	<b>\$42.00</b>
<p><b><u>COIN MACHINES</u></b> - outside owner. Per vending machine:</p>	<b>\$24.00</b>
<p><b><u>TAXICABS</u></b></p>	<b>\$60.00 plus per taxicab 25.00 each</b>

\*\*\*One business category/type per license.