



City of Jacksonville

206 N. Fifth St. – PO Box 7
Jacksonville, Or. 97530
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www.jacksonvilleor.us

Business License Application FY 2020-21

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** _____

