

JACKSON COUNTY – BUSINESS INFORMATION SHEET

ASSESSOR'S USE ONLY:	Account # _____	Date of Acct Creation: _____
	Assessment Year: _____	Assessor's Initials: _____
TCA: _____	SIC: _____	SOS: _____

Complete ALL sections that apply to your business. Return the completed form to the Jackson County Assessment Department. If you have any questions regarding this form, please contact our office at (816) 881-4672, Monday through Friday, 8:00 am to 5:00 pm (CST). This form can also be returned by email to BPAsmt@jacksongov.org, by fax 816-881-4680 or in person.

PLEASE PRINT

Name of Corporation (if applicable) _____

Name of Business _____

Mailing Address _____

Do you sell any retail or wholesale goods? Yes/ No

Does your business require a liquor license? Yes/No

Physical Location of Business _____

Contact Person _____ Title: _____

Daytime Phone of Contact Person _____ Email: _____

Type of Business _____ Number of Employees at this Location _____

Date Business Started in Jackson County _____ Business Phone Number _____

INDIVIDUAL / PROPRIETOR:

Name of Business Owner _____

Home Address _____ Phone # _____

PARTNERSHIP:

Name of Partner(s) _____ % of Ownership _____ Phone # _____

_____ % of Ownership _____ Phone # _____

_____ % of Ownership _____ Phone # _____

Total Acquisition Cost of Machinery, Equipment, Furniture & Fixtures \$ _____
(Do Not Include Cost of Licensed Vehicles or Leasehold Improvements)

Attach a front and back clean copy of the title, registration renewal, or title receipt for all licensed items titled in the business name.

If you have multiple locations in Jackson County, attach a list of all locations.

Owner / Partner Signature

Date

COMPLETE ONLY IF YOUR BUSINESS IS A CORPORATION

Full Legal Name of Corporation _____

Date of Incorporation _____

State of Incorporation _____

List Name, Home Address and Phone Number of Officers:

Name of President / CEO _____

Phone Number _____

Address _____

Name of Vice President _____

Phone Number _____

Address _____

Name of Secretary _____

Phone Number _____

Address _____

Name of Treasurer _____

Phone Number _____

Address _____

List Name, Home Address and Phone Number of Directors:

Name _____

Phone Number _____

Address _____

Name _____

Phone Number _____

Address _____

Name _____

Phone Number _____

Address _____

List Name, Home Address and Phone Number of Registered Agent:

Name _____

Phone Number _____

Address _____

Signature and Title of Corporate Officer

Date

FOR USE IN PROVIDING DETAILED ASSET LISTING TO JACKSON COUNTY, MISSOURI

Business Name:

Parcel Number:

Items declared for tax year:

****DO NOT INCLUDE LICENSED ITEMS****

A. FURNITURE/ FIXTURES: OFFICE FURNITURE, TOOLS, MACHINERY, SIGNAGE, PALLETS, SHELVING.

ITEM	YEAR OF ACQUISITION	COST AT ACQUISITION

B. COMPUTER, PRINTER, FAX MACHINE, COPIER, TELEPHONE, TELEPHONE SYSTEM, CELL PHONE, SCANNER

ITEM	YEAR OF ACQUISITION	COST AT ACQUISITION