

For Official Use Only

Date Paid _____

Pmt type _____

Amt _____

Initials _____

CITY OF JACKSONVILLE

320 Church Ave SE
 Jacksonville, AL 36265-2651
 (256) 435-7611
 Fax (256) 435-4103

For Official Use Only

Customer# _____

Code _____ 4243

NAICS _____ 42483

License# _____

Schedule ALC4243

Business Name _____

Mailing Address _____

City, State & Zip _____

FEIN # _____

Notice:

If you are required to have a State of Alabama professional or business license to operate this business, you MUST present a copy of your current State license with this application BEFORE the license will be issued.

Drivers License or Other ID will be required on all new businesses unless incorporated and verifiable with the State of Alabama Secretary of State Office.

Your business license for engaging in the business of **Wholesale Liquor** within the City of Jacksonville, Alabama, or its Police Jurisdiction thereof, is due. Failure to obtain a Business License prior to engaging in business activities will result in penalties. **Late Penalties** are 15% for 1-30 days late and 30% with monthly interest as set by Code of Alabama if over 30 days late.

Each person or entity classified as a **Schedule ALC4243** shall pay an annual license fee of **\$500.00**.

YOU MUST ALSO SUBMIT A COPY OF YOUR ABC LICENSE WITH YOUR PAYMENT

Please complete the following statement and submit it together with your payment based on the above schedule.

Fee based on above schedule	(a)	\$ <u>500.00</u>
Penalty (if applicable)	(b)	\$ _____
Interest (if applicable)	(c)	\$ _____
Issuance Fee	(d)	\$ <u>14.00</u>
TOTAL (a+b+c+d)		\$ _____

Owner or Authorized Representative Signature _____

Please Print Name _____

Name of Company _____

Physical Address _____

City, State & Zip Code _____

Telephone Number _____

Fax Number _____

Email address _____