

# CITY OF JACKSONVILLE

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

For Official Use Only

Date Paid \_\_\_\_\_  
Pmt type \_\_\_\_\_  
Amt \_\_\_\_\_  
Initials \_\_\_\_\_

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Customer# \_\_\_\_\_  
Code 4244  
NAICS 42484  
License# \_\_\_\_\_

## Schedule ALC4244

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 Beer and Wine Combo** 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 ALC4244** shall pay an annual license fee of **\$375.00**.

**YOU MUST ALSO SUMBIT 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>375.00</u>
Penalty (if applicable)	(b)	\$ _____
Interest (if applicable)	(c)	\$ _____
Issuance Fee	(d)	\$ <u>14.00</u>
<b>TOTAL (a+b+c+d)</b>		<b>\$ _____</b>

Owner or Authorized Representative Signature \_\_\_\_\_

Please Print Name \_\_\_\_\_

Name of Company \_\_\_\_\_

Physical Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email address \_\_\_\_\_