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#	459			
NAICS	4539			
License#				

E-mail Address

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		Schedule FW	459	
Business Name		Notice:		
Mailing Address		business license your current Sta	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	
City, State & Zip		will be issued.	will be issued.	
FEIN #			Drivers License or Other ID will be required on all new businesses unless incorporated and verifiable with the State of Alabama	
•	bama or ies will r Code of A	its Police Jurisdiction, is duesult in penalties. Late Pe labama if over 30 days late		
Please complete the follow schedule.	ing state	ment and submit it togeth	er with your payment based on the above	
Fee based on above sched	dule(a)	<u>\$ 150.00</u>	Owner or Authorized Representative Signature	
Penalty (if applicable)	(b)	\$	 Please Print Name	
Interest (if applicable)	(c)	\$		
Issuance Fee	(d)	\$14.00	Physical Address	
			City, State & Zip Code	
TOTAL (a+b+c+d)		\$	Telephone Number/Fax Number	