

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 _____

For Official Use Only

Customer# _____
Code _____ 622
NAICS _____ 6221
License# _____

Schedule HO

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

Business Name _____

Mailing Address _____

City, State & Zip _____

FEIN # _____

Your business license for engaging in the business of General Hospitals within the City of Jacksonville, Alabama or its Police Jurisdiction, is due. Failure to obtain a Business License prior to engaging in business activities will result in penalties. **Late Penalties** are 15% if 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 **Schedule HO** shall pay an annual license fee of **\$250.00**.

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

Fee based on above schedule(a) \$ 250.00

Penalty (if applicable) (b) \$ _____

Interest (if applicable) (c) \$ _____

Issuance Fee (d) \$ 14.00

TOTAL (a+b+c+d) \$ _____

Owner or Authorized Representative Signature _____

Please Print Name

Physical Address

City, State & Zip Code

Telephone Number/Fax Number

E-mail Address