

# 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 \_\_\_\_\_  
NAICS \_\_\_\_\_  
License# \_\_\_\_\_

## Schedule C

### 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.

Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
FEIN # \_\_\_\_\_

Your business license for engaging in the business of \_\_\_\_\_ 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 **Schedule C** shall pay a license in an amount as follows.

|                                    |                                      |
|------------------------------------|--------------------------------------|
| \$ 0.00 to \$ 99,999.99            | \$ 100.00 plus \$14.00 Issuance Fee  |
| \$ 100,000.00 to \$ 499,999.99     | \$ 200.00 plus \$14.00 Issuance Fee  |
| \$ 500,000.00 to \$ 999,999.99     | \$ 300.00 plus \$14.00 Issuance Fee  |
| \$ 1,000,000.00 to \$ 4,999,999.99 | \$ 500.00 plus \$14.00 Issuance Fee  |
| \$ 5,000,000.00 to \$ 9,999,999.99 | \$1,000.00 plus \$14.00 Issuance Fee |
| \$ 10,000,000.00 or greater        | \$1,500.00 plus \$14.00 Issuance Fee |

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

Gross annual receipts \$ \_\_\_\_\_

Fee based on above schedule (a) \$ \_\_\_\_\_

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

Name of Company

Physical Address

City, State & Zip Code

Telephone Number

Fax Number

Email address