

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 D

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 D** shall pay a license in an amount as follows.

Less than \$15,000.00	\$ 75.00 plus \$14.00 Issuance Fee
\$ 15,000.00 to \$30,000.00	\$ 100.00 plus \$14.00 Issuance Fee
Over \$30,000.00	\$ 150.00 plus \$1.25 per \$1000.00 of gross receipts in excess of \$30,000,000 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 \$ _____

Owner or Authorized Representative Signature

Fee based on above schedule (a) \$ _____

Please Print Name

Penalty (if applicable) (b) \$ _____

Name of Company

Interest (if applicable) (c) \$ _____

Physical Address

Issuance Fee (d) \$ 14.00

City, State & Zip Code

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

Telephone Number

Fax Number

Email address