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CITY OF JACKSONVILLE
320 CHURCH AVE SE
JACKSONVILLE AL 36265
APPLICATION FOR BUSINESS LICENSE

Application Type: ☐ New ☐ Renewal ☐ Owner/Name Change ☐ Location Change

Legal Business Name _____

Trade Name (DBA) _____

Form of Ownership ☐ Sole Prop ☐ Partnership ☐ Corporation ☐ LLC
☐ Professional Assn ☐ Other (Specify) _____

Physical Address _____
(Street) (City) (State) (Zip)

Mailing Address _____
(Street) (City) (State) (Zip)

Telephone _____ Fax _____
E-Mail Address _____

List owner(s), partners or officers (Attach separate sheet if necessary)

<u>Name</u>	<u>Residence Address</u>	<u>SSN</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name and phone number of contact person _____

Brief description of business activity in Jacksonville _____

Business located in ____ or out ____ of Jacksonville City limits Date activity to begin _____

STate Sales/Use Tax Number _____ Federal ID Number _____
(if business does not have one must give SSN)

This application has been examined by me and is, to the best of my knowledge, a true and complete representation of the above business.

Date _____ Title _____ Print name _____

Signature _____

NAICS CODE _____ THIS AREA FOR OFFICE USE ONLY CITY CODE _____

ACCOUNT ID# _____ REVIEWED BY _____

PLEASE READ THE FOLLOWING INFORMATION CONCERNING THE COMPLETION OF THIS FORM.

- PLEASE COMPLETE **ALL** AREAS OF THE FORM EXCEPT THE SHADED AREA AT THE BOTTOM.
- FORM SHOULD BE TYPED OR PRINTED LEGIBLY
- FORM SHOULD BE DATED AND SIGNED BY AN OWNER, PARTNER, OR OFFICER OF THE BUSINESS
- FROM WILL INITIATE THE PROCESS FOR REGISTERING YOUR BUSINESS WITH THE CITY OF JACKSONVILLE

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- IF YOUR BUSINESS WILL HAVE A PHYSICAL LOCATION WITHIN THE MUNICIPALITY PLEASE USE THAT ADDRESS ON THE FRONT OF THIS FORM. (Complete separate forms for each physical location in the city)
 - AFTER COMPLETING THIS FORM IT CAN BE MAILED, SENT BY FAX OR WHERE POSSIBLE, SENT BY ELECTRONIC MAIL TO THE MUNICIPALITY.
 - UPON RECEIPT OF THE COMPLETED FORM, THE MUNICIPALITY WILL PROVIDE ANY ADDITIONAL FORMS AND INFORMATION REGARDING OTHER SPECIFIC REQUIREMENTS TO YOU IN ORDER TO COMPLETE THE LICENSING PROCESS.

ALL LICENSE RENEWALS ARE DUE JANUARY 1 AND DELINQUENT AFTER JANUARY 31, WITH THE FOLLOWING EXCEPTIONS:

INSURANCE COMPANY LICENSE: DUE JANUARY 1, DELINQUENT AFTER MARCH 1.

THIS FORM IS INTENDED AS A SIMPLIFIED, STANDARD MECHANISM FOR BUSINESSES TO INITIATE CONTACT WITH A MUNICIPALITY CONCERNING THEIR ACTIVITIES WITHIN THAT CITY. **A BUSINESS LICENSE WILL BE REQUIRED PRIOR TO ENGAGING IN BUSINESS.** IF A BUSINESS INTENDS TO MAINTAIN A PHYSICAL LOCATION WITHIN THE CITY, THERE ARE NORMALLY ZONING AND BUILDING CODE APPROVALS REQUIRED PRIOR TO THE ISSUANCE OF A LICENSE.

IN CERTAIN INSTANCES, A BUSINESS MAY SIMPLY BE REQUIRED TO REGISTER WITH THE CITY TO CREATE A MECHANISM FOR THE REPORTING AND PAYMENT OF ANY TAX LIABILITIES. IF THAT IS THE CASE, YOU WILL BE PROVIDED THE MATERIALS FOR THAT REGISTRATION PROCESS.

THE COMPLETION AND SUBMISSION OF THIS FORM DOES NOT GUARANTEE THE APPROVAL OR SUBSEQUENT ISSUANCE OF A LICENSE TO DO BUSINESS. ANY PREREQUISITES FOR A PARTICULAR TYPE AND LOCATION OF THE BUSINESS MUST BE SATISFIED PRIOR TO LICENSING.

SHOULD THERE BE ANY QUESTIONS CONCERNING THE COMPLETION OF THIS FORM OR THE LICENSING AND/OR REGISTRATION PROCESS, PLEASE CALL THE NUMBER AT THE TOP OF THIS FORM TO OBTAIN MORE DETAILED EXPLANATION.

NAICS CODE _____ THIS AREA FOR OFFICE USE ONLY _____ CITY CODE _____

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