

For Official Use Only

Date Paid _____

Pmt type _____

Amt _____

Initials _____



FW 459-Fireworks
Dealer.docx

CITY OF JACKSONVILLE

320 Church Ave SE
Jacksonville, AL 36265-2651
(256) 435-7611
Fax (256) 435-4103

For Official Use Only

Customer# _____

Code 4543

NAICS 45439

License# _____

Schedule FR 4543

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 **Fruit/Produce-Annual** 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 **FR 4543** shall pay a license fee of **\$40.00**.

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

Fee based on above schedule(a) \$ 40.00

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