

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 _____ 521
 NAICS _____ 5221
 License# _____

Schedule BNK 521

Business Name _____

Mailing Address _____

City, State & Zip _____

FEIN # _____

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.

Your business license for engaging in the business of **Banks-Main/Branch Office** 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 a **Schedule BNK 521** shall pay a license fee in an amount **based on the business's total capital surplus and undivided profits** as follows:

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------|
| Less than \$500,000.00 | \$10.00 per \$50,000.00, or any part thereof, of total capital surplus and undivided profits |
| \$500,000.00 to \$600,00.00 | \$110.00 |
| Over \$600,000.00 | \$125.00 |

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

| | | | |
|-------------------------------------------|-----|-----------------|--|
| Total Capital Surplus & Undivided Profits | | \$ _____ | |
| Fee based on above schedule | (a) | \$ _____ | |
| Penalty (if applicable) | (b) | \$ _____ | |
| Interest (if applicable) | (c) | \$ _____ | |
| Issuance Fee | (d) | \$ <u>12.00</u> | |
| 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