

# 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 \_\_\_\_\_

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Customer# \_\_\_\_\_  
Code 488  
NAICS 4884  
License# \_\_\_\_\_

## Schedule DEL

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 **DELIVERIES** 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, not to exceed \$10.

Each person or entity classified as a **Schedule DEL** shall pay a license fee in amount as follows:

**Gross receipts \$10,000 to \$75000.00** **\$100.00**

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

Gross Annual Receipts \$ \_\_\_\_\_

Fee based on above schedule (a) \$ 100.00

Penalty (if applicable) (b) \$ \_\_\_\_\_

Interest (if applicable) (c) \$ \_\_\_\_\_

Issuance Fee (d) \$ 10.00

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