

# 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 4545  
NAICS 45439  
License# \_\_\_\_\_

## Schedule FR 4545

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**

Your business license for engaging in the business of Fruit/Produce-Daily 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 4545** shall pay a license fee of **\$10.00** per day.

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

# of days	_____
Fee based on above schedule (a)	\$ <u>10.00</u>
Penalty (if applicable) (b)	\$ _____
Interest (if applicable) (c)	\$ _____
Issuance Fee (d)	\$ <u>12.00</u>
<b>TOTAL (a+b+c+d)</b>	\$ _____

Owner or Authorized Representative Signature \_\_\_\_\_

\_\_\_\_\_  
*Please Print Name*

\_\_\_\_\_  
*Physical Address*

\_\_\_\_\_  
*City, State & Zip Code*

\_\_\_\_\_  
*Telephone Number/Fax Number*

\_\_\_\_\_  
*E-mail Address*