

CITY OF JACKSONVILLE
320 Church Avenue SE
Jacksonville, Alabama 36265-2651
Phone (256)435-7611 Fax (256) 435-4103

License Notice for New Business

Schedule HO

DATE _____

Customer # _____

Code **622**

NAICS **6221**

License # _____

This is to notify you that your business license for engaging in the business of GENERAL HOSPITALS within the City of Jacksonville, Alabama, or within the Police Jurisdiction thereof, is due. The City License is delinquent after the 15th day of business. A penalty of 15% is levied after the 15th day of business (provided for in Section 2 of Ordinance 454) and 30% with monthly interest of 1% after the 30th day of business.

Each business classified under **Schedule HO** shall pay an annual license fee of **\$250.00**.

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

Fee based on above schedule \$ \$250.00

Penalty (if applicable) \$ _____

Interest (if applicable) \$ _____

Issuance Fee \$ 12.00

TOTAL \$ _____

 Owner or Authorized Signature

 Please Print Name

 Name of Company

 Physical Address

 City, State & zip code

(_____) _____
 Telephone Number

(_____) _____
 Fax Number

 E-mail address