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 O

DATE _____

_____
_____
_____

Customer # _____
Code _____
NAICS _____
License # _____

This is to notify you that your business license for engaging in the business of _____ 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 person or entity classified as **Schedule O** shall pay a license in an amount as follows:

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

Gross annual receipts $_____

Fee based on above schedule $_____

Penalty (if applicable) $_____

Interest (if applicable) $_____

Issuance Fee $ 12.00

TOTAL $_____

_____
Certification/Permit # & Expiration Date (if applicable)

_____
E-mail Address

_____
Owner or Authorized Signature

_____
Please Print Name

_____
Name of Company

_____
Physical Address

_____
City, State & zip code

(_____)_____
Telephone Number

(_____)_____
Fax Number