

# 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 \_\_\_\_\_  
 NAICS \_\_\_\_\_  
 License# \_\_\_\_\_

## Schedule D

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 \_\_\_\_\_ 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 **Schedule D** shall pay a license in an amount as follows.

Less than \$15,000.00	\$ 75.00 plus \$12.00 Issuance Fee
\$ 15,000.00 to \$30,000.00	\$ 100.00 plus \$12.00 Issuance Fee
Over \$30,000.00	\$ 150.00 plus \$1.25 per \$1000.00 of gross receipts in excess of \$30,000,000 plus \$12.00 Issuance Fee

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) \$ \_\_\_\_\_

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

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

Issuance Fee (d) \$ 12.00

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