

# 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 TD

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 Transient Dealer 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 a **Schedule TD** shall pay a license in an amount as follows:

**\$150.00 plus \$1.00 (one dollar) per \$1000.00 (one thousand dollars) of anticipated sales over \$5,000.00.**

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

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

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

Fee based on above schedule (a) \$ \_\_\_\_\_

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

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

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

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

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

Issuance Fee (d) \$ 12.00

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

TOTAL (a+b+c+d) \$ \_\_\_\_\_

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