

For Official Use Only

Date Paid \_\_\_\_\_

Pmt type \_\_\_\_\_

Amt \_\_\_\_\_

Initials \_\_\_\_\_

# CITY OF JACKSONVILLE

320 Church Ave SE  
 Jacksonville, AL 36265-2651  
 (256) 435-7611  
 Fax (256) 435-4103

For Official Use Only

Customer# \_\_\_\_\_

Code \_\_\_\_\_ 23

NAICS \_\_\_\_\_

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

## Schedule E

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 E** shall pay a license in an amount as follows.

\$ 0.00 to \$49,999.99	\$ 75.00 plus \$14.00 Issuance Fee
\$ 50,000.00 to \$149,999.99	\$ 100.00 plus \$14.00 Issuance Fee
\$ 150,000.00 to \$249,999.99	\$ 150.00 plus \$14.00 Issuance Fee
\$ 250,000.00 and over	\$ 250.00 plus \$1.25 per \$1,000.00 over 250,000.00 plus \$14.00 Issuance Fee

Please complete the following statement and submit it together with your 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) \$ \_\_\_\_\_

Name of Company

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

Physical Address

Issuance Fee (d) \$ 14.00

City, State & Zip Code

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

Telephone Number

Fax Number

Email address