

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 _____	

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 \$12.00 Issuance Fee
\$ 50,000.00 to \$149,999.99	\$ 100.00 plus \$12.00 Issuance Fee
\$ 150,000.00 to \$249,999.99	\$ 150.00 plus \$12.00 Issuance Fee
\$ 250,000.00 and over	\$ 250.00 plus \$1.25 per \$1,000.00 over 250,000.00 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