

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

## Schedule F

**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.**

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

FEIN # \_\_\_\_\_

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

Less than \$2,000.00	\$ 25.00 plus \$12.00 Issuance Fee
\$ 2,000.00 to \$4,999.99	\$ 35.00 plus \$12.00 Issuance Fee
\$ 5,000.00 to \$9,999.99	\$ 50.00 plus \$12.00 Issuance Fee
\$ 10,000.00 to \$24,999.99	\$ 75.00 plus \$12.00 Issuance Fee
\$ 25,000.00 and over	\$100.00 and \$1.25 per \$1000.00 on gross receipts in excess of \$25,000.00 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