

CITY OF JACKSON

P.O. Box 1096 ~ 400 Commerce St. ~ Jackson, AL 36545

Office: (251) 246-2461 ~ Fax: (251) 246-7875

BUSINESS LICENSE APPLICATION

Business Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____ Business Fax: _____
Business Email: _____
Doing Business As: _____

Owner Name: _____
Owner Address: _____
Owner Phone: _____ Owner Email: _____

State License #: _____ State Tax ID#: _____

RATES: If your business is classified with a scheduled rate, please complete the following, reporting all types of business conducted. To determine your license fees due, please see the "Business License Rates" link on the Business page of our website at www.cityofjacksonal.com or you may call our office at 251-246-2461.

Section #	Type of Business	Gross Receipts	Unit Amt. (if applicable)	Flat/Base Fee	License Fee Due:

Issuance Fee: \$ 10.00

Total Amt. Due: \$ _____

(Please make checks payable to: "City of Jackson" and remit to our office at P.O. Box 1096, Jackson, AL 36545)

- The above information is correct and I wish to apply for a business license for the first time.
 The above information is correct and I wish to renew my business license. Acct. #: _____

Signature: _____ Date: _____