

# CITY OF JACKSON

P O BOX 1096 400 COMMERCE ST JACKSON, AL 36545

## BUSINESS LICENSE APPLICATION

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

Business Address: \_\_\_\_\_  
Street City State Zip Code

Mailing Address: \_\_\_\_\_  
Street / P O Box  
City State Zip Code

Business Phone \_\_\_\_\_

Business Email: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_  
Street / P O Box  
City State Zip Code

Owner Phone: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Phone: \_\_\_\_\_

State License #: \_\_\_\_\_ State Tax ID# \_\_\_\_\_

Form of Ownership: Sole Proprietor Partnership Corporation Professional LLC Other

New \_\_\_\_\_ Renewal \_\_\_\_\_

Physical Location in City Limits \_\_\_\_\_ Physical Location Outside City Limits \_\_\_\_\_

Section#	Type of Business	Gross Receipts	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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_