

City Of Jasper
P.O. Box 1589
Jasper, Al 35502
Phone: (205) 221-8533 Fax: (205) 221-8528
license@jaspercify.com

APPLICATION FOR BUSINESS LICENSE RENEWAL

License Year: 2024

Business Address			OFFICE USE ONLY	
			Apptype	License#
			RE	
			AVOID PENALTY	
			This Application with remittance in full must be completed and returned with full payment on or before 01/31/24 . If no longer in business, please so indicate and return the application.	
Business Contact Information			Contact Person	
ACCOUNT NUMBER	TAX ID NUMBER	EVERIFY NUMBER	NAME	
PHYSICAL LOCATION			PHONE	TITLE
Inside City Limits (Y / N):			EMAIL	
PERSON COMPLETING APPLICATION (if different):			PERSON COMPLETING APPLICATION (if different):	
PHONE	EMAIL	TITLE:	PHONE:	
Business Information				
BUSINESS START DATE:			BUSINESS DESCRIPTION	
NAICS CODE			OWNERSHIP TYPE (Corp, Sole Proprietor, Partnership, LLC, Professional Assoc or Other.)	
LICENSE NUMBER			RATE SCHED:	

Calculation of License Fee

Gross Receipts _____ **License Fee** _____

Decal Fee : _____ X _____ .20 _____ (rate per decal) **Added Fee** _____

(Amusement/Vending, Delivery, etc)

I _____, hereby swear that the information above is true and correct and the amount of gross receipts as required for disclosure in order to obtain a business license has been examined by me and to the best of my knowledge is true, correct, and complete. I understand that the City of Jasper, or its auditors, may require proof as to the actual amount sworn to above and that the City of Jasper may require submission of books of accounts for inspection and examination.

Late Payment Penalty _____

Interest _____

Issuance Fee \$12.00 _____

TOTAL PAYMENT _____

Signature Title Date

If you or your business is required by the State of Alabama to be certified by an Alabama State Board or Health Dept, please send a copy of your current certification/permit along with your renewal.

The following is required on all renewals: tax ID number; form of ownership; legal name of business; physical location of business (cannot be a PO Box); mailing address; contact person, title, and phone number; name and title of person completing application.