

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

APPLICATION FOR BUSINESS LICENSE RENEWAL

License Year: 2021

Business Name & Address			OFFICE USE ONLY		
			Apptype License# Date		
			RE		
			AVOID PENALTY		
			This Application with remittance in full must be completed and returned with full payment on or before 02/01/2021 . If no longer in business, please so indicate and return the application.		
Business Contact Information			Contact Information		
ACCOUNT NUMBER	TAX ID NUMBER		CONTACT NAME		TITLE
PHYSICAL LOCATION (CANNOT BE PO BOX)			PHONE	EMAIL	
Inside City Limits (Y / N) :			PERSON COMPLETING APPLICATION		
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 _____
(Only applies to 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.