

Section D:

Required Confirmations	
OFFICE USE ONLY	
If any of the following are checked, you must first have those departments approval prior to issuance of a business license.	
Planning/Zoning Dept. approved? Yes ___ No ___	Signature: _____
Code Enforcement approved? Yes ___ No ___	Signature: _____
Alcohol License Compliance approved? Yes ___ No ___	Signature: _____
Jefferson County Health Dept. approved? Yes ___ No ___	Signature: _____
Other: _____ Approved? Yes ___ No ___	Signature: _____
Profession State Certification Number: _____	
Mobile: Bond Liability Insurance: (Insurance Company name: _____ Policy# _____)	

Section E:

Occupation Tax (Business License)	
Occupation Tax Schedule:	
Number of Employees:	
Up to 5	\$40.00
6-10	\$60.00
11-20	\$85.00
21-30	\$100.00
31-40	\$180.00
41-50	\$300.00
More than 50 Employees	\$500.00
<p>The number of employees includes full-time equivalent working for the business. The fractional working ties of part-time employees are combined and rounded to provide a more accurate estimate of full-time equivalent employees. The owner and other family members working for the business, whether, paid or not, shall be included in the count.</p>	
Carnivals	\$300/Week
Pawnbrokers	\$150.00
Massage Parlors	\$1,000.00
Auto and Motorcycle racing	\$500.00
Fortune Tellers	\$1000.00
Adult Book Store	\$1000.00
Peddlers	\$50.00/Day or \$500.00 Week

I hereby warrant that I fully understand the information requested and/or stated above, and that the information submitted herein is true and factual to

the best of my knowledge. I further understand that giving false information on the application, to the Jefferson County Board of Commissioners, County Administrator or his designee, shall constitute grounds for revocation of my business license.

x _____

Date: _____

Office Use (Do Not Write Below This Line)

Occupational Tax Fee: \$ Based On: Employees Flat Fee Mobile Bus

Mailed Hand Delivered W/Pick Up Other:

SIC#:

Map/Parcel#:

Other: