

City of Mobile
License Processing Form

License Year: _____	Account #: _____	Postmarked: _____	Territory: _____
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LICENSE CODE	GROSS AMOUNT	LICENSE AMOUNT	PENALTY AMOUNT	INTEREST AMOUNT	TOTAL DUE PER CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADD CODE	INCEPTION DATE	GROSS AMOUNT	PENALTY AMOUNT	INTEREST AMOUNT	TOTAL DUE PER CODE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE CHECK THE APPROPRIATE BOX WHEN ADDING CODES:

SIXTY DAY STATEMENT GIVEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ZONING FEE _____
			ISSUE FEE _____
			TOTAL PAID _____

I certify under oath that the gross revenues reported hereon include and represent the total volume of business without any deductions of any kind.

X _____
Signature of Account Representative

Date Form Signed

Company Name

Address

City / State / Zip

Employee's Initials / Emp. # : _____ / _____

(Please Write Any Comments On Back Of Form)