


<b>Attached Required Document Checklist</b>		Date	Fax to : 901-692-9499	
Voided Check	<input checked="" type="checkbox"/>	Submitted:	email to: applications@impactpays.net	
Business Verification Document	<input checked="" type="checkbox"/>	2-23-24		
Copy of Drivers License	<input checked="" type="checkbox"/>			

**Merchant Application Submission Form**

Merchant (Business) DBA Name:		Oneonta Herb Shop			
Business Legal Name:	Oneonta Herb Shop	Website:	Ø		
Contact Name:	Kay Osborn	Contact Phone Number:	205-446-0023		
Physical Address:	213 2nd Ave W	City, State, Zip:	Oneonta, AL 35121		
Email Address:	Katibug0023@gmail.com	Phone #:	205-625-4808		
Billing Address:	213 2nd Ave W	City, State, Zip:	Oneonta, AL 35121		
Biz Phone #:	205-625-4808	Biz Fax #:	Ø	EIN/Tax ID #:	834316061

**Business Type**

Corporation - Pick One:	SP	Type:		Bus Open Date:	4-16-19 2002 <del>2002</del>
Refund Policy:	no refunds	Print Policy:	yes	(If yes input refund message)	
Types of Goods Sold:					
Convenience Store Vitamin Shop					

**Ownership Information (Must be 51% or more) if multiple owners fill out additional ownership form**

Officer/Owners Name:	Kay Osborn	Title:	owner	Social Security:	419767151
Home Address:	1814 CR 21	City, State, Zip Code:	Boaz AL 35957		
Drivers License#:	2911068	Exp Date:	3-10-26	State Issued:	AL
DOB:	2-21-52	Home Phone#:	2054460023		
% of Business Owned:	100 %	Length of Ownership:	4-16-19		

**Banking Information \*\* No starter checks or deposit slips accepted\*\***

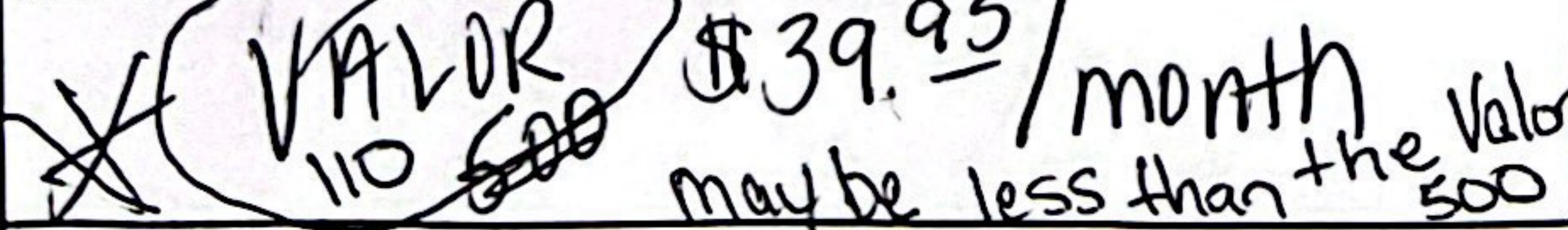
**Terminal Questions (Circle your answer)**

Name of Bank:	Regions	Batch Out Time (for nextday funding 7:00 PM):	
ABA Routing #:	062000019	Communication Method:	cellular 4g
Account #:	0230595355	Do you dial 9 for outside line?	-
<b>Estimated Sales Volume</b>		Terminal Type:	Valor 110
Estimated Annual Sales (All sales):	\$ 60K	Reprogram Terminal:	
Estimated Visa/MC/Discover Sales:	\$ 30K	Equipment Purchase:	
Estimated Monthly Visa/MC/Discover/ AMEX Sales:	\$ 2500	Equip. Rental Program:	
Average Ticket:	\$ 25	Next Day Funding:	yes
High Ticket:	\$ 350	Tip Edit:	no

**First two sections must equal 100% respectively**

Card Swiped:	99 %	Card Keyed In:	1 % = 100% 0	EFT:		FNS Number:	
Card Present:	100 %	Card Not Present:	0 % = 100% 0	Tax Calculation:	no	If so tax rate:	
MOTO:	%	Internet:	%	<b>Software or POS Integration Questions Only</b>			
Program Type:	IBuxx			POS Software Integration:			
				Software Name & Version:			

**Notes:**



MP/AP Name:	Holley Shirley
RP Name:	Jennifer Slight
Pricing Provided:	Tricia Wright

Receipt Header Message:	
Receipt Footer Message:	no Refunds

4G - Cellular - Does not need 500 Valor



ONEONTA HERB SHOP

P O Box 678

Snead, AL 35952

1550

61-1/620

CHECK ARMOR  
FRAUD PROTECTION

Photo Safe Deposit  
Details on back

BY THE ORDER OF

*[Handwritten signature]*

DATE

\$

DOLLARS



REGIONS

OR

⑈00001550⑈ ⑆062000019⑆ 0230595355⑈



DRIVER LICENSE



ALABAMA



NO. 2911068

CLASS DM

D.O.B. 02-21-1952

EXP 03-10-2026

BRENDA TUCKER OSBORN

1814 COUNTY RD 21

BOAZ AL 35957

ENDORSEMENTS

ISS 02-18-2022

REST

SEX F

HT 5-00

EYES BRO

WT 95

HAIR BLN

*B. Osborn*

Secretary Hal Taylor  
Secretary of Law Enforcement





2023



SALES TAX LICENSE  
**State of Alabama**

Alabama Department of Revenue

TO:

IRENDA KAY OSBORN  
DBA ONEONTA HERB SHOP

ACCOUNT TYPE	ACCOUNT NUMBER	EFFECTIVE DATE	EXPIRATION DATE
SLS	R010414852	01/1/2023	12/31/2023

TO ENGAGE IN BUSINESS FOR WHICH TAX IS IMPOSED BY SECTIONS 40-23-1/39 CODE OF ALABAMA 1975,  
AS AMENDED. SALES TAX LAW

NON-TRANSFERABLE

THIS ACCOUNT ISSUED TO PERSON OR BUSINESS WHOSE NAME APPEARS ABOVE IS NOT TRANSFERABLE.  
THE LICENSEE MAY PURCHASE ITEMS TAX EXEMPT FOR THE PURPOSE OF RESALE AT RETAIL IN THE REGULAR COURSE OF  
BUSINESS.

NAICS CODE: 459999

STATE OF ALABAMA  
DEPARTMENT OF REVENUE

*Derrick Coleman*

Deputy Commissioner

THIS LICENSE APPLIES TO THE FOLLOWING LOCATION(S):

213 2ND AVE W ONEONTA AL 35121-1605



# CITY OF ONEONTA

## Business License

**Mailing Name and Address:**

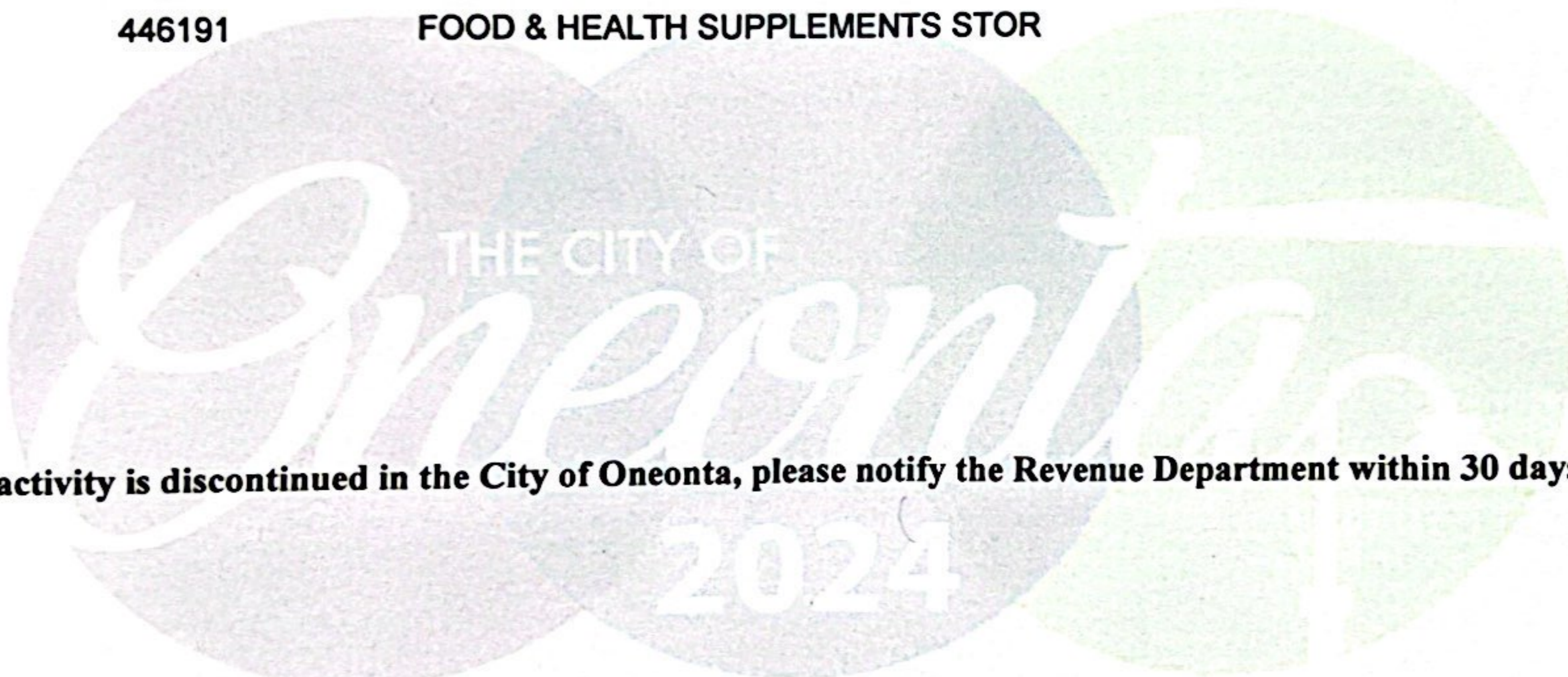
ONEONTA HERB SHOP  
 213 2ND AVENUE WEST  
  
 ONEONTA , AL 35121

**THIS LICENSE EXPIRES :** 12/2024  
**Taxpayer ID Number :** 9840  
**Location Number :** 1  
**Date License Issued :** 01/02/2024  
**License Number :** 2024-6

ONEONTA HERB SHOP  
 213 2ND AVENUE WEST  
 ONEONTA AL 35121

The firm, corporation, organization, business or person whose name appears above has paid the required license fee(s) and is authorized to engage in business in the City of Oneonta at the location listed above as indicated below:

Code	Description
446191	FOOD & HEALTH SUPPLEMENTS STOR



If business activity is discontinued in the City of Oneonta, please notify the Revenue Department within 30 days.

EXPIRES DECEMBER 31, 2024  
 THIS LICENSE IS LOCATION SPECIFIC  
 NON-TRANSFERABLE

Issued By : *Allyssa Villalobos* Revenue Department

**Business License Receipt**  
 ONEONTA HERB SHOP

**CITY OF ONEONTA**

**SID: 01022401**

Code	Description	Amount
446191	FOOD & HEALTH SUPPLEMENTS STOR	\$150.00

Total Discount	\$0.00	Total License(s)	\$150.00
Total Fee 1-5	\$0.00	Total Penalty	\$0.00
Total Issue Fee	\$14.00	Total Interest	\$0.00
			Total Amount Remitted
			\$164.00



# STATE OF ALABAMA



CONTROL NO.  
578478

BLOUNT COUNTY

LICENSE NO.  
2400334

ACCOUNT NO.  
4569

ISSUED TO:

ONEONTA HERB SHOP  
OSBORN, KAY  
213 2ND AVE WEST  
ONEONTA, AL 35121

LICENSE YEAR  
**2024**

DATE ISSUED		
10	12	2023
MO.	DAY	YR.

LICENSE TYPE	
STORE LICENSE	X
CHAIN STORE LICENSE	
OCCUPATIONAL LICENSE	

BUSINESS LOCATION:  
213 2ND AVE WEST  
ONEONTA, AL 35121



EXPIRES  
9/30/2024  
RENEW IN OCTOBER

RL:  
U50 - #578478 - T2 - P176207 - M1

DESCRIPTION	BUSINESS TYPE	License Amount	FEE	PENALTY	CITATION	INTEREST	TOTAL
5A STORE LICENSE		1.00	1.00	0.00	0.00	0.00	2.00
							0.00

**TRANSFER OF LICENSE**

Evidence having been adduced before me that a bona fide sale of the business licensed by this certificate has been made by licensee, this license is transferred to said purchaser.

Name of Purchaser

Issuing Authority

**Kathleen D. Baxter**

State Comptroller

**Vernon Barnett**

Commissioner of Revenue

**CHRIS GREEN**

Issuing Authority

TOTAL	2.00
MAIL FEE	1.00
TOTAL WITH MAIL FEE	3.00