



CITY OF ABERDEEN

PRIVILEGE LICENSE APPLICATION

THIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED & ALL QUESTIONS ANSWERED

NAME

ADDRESS

EXPIRATION DATE:

ACCOUNT

APPLICANT

BUSINESS
LOCATION

TELEPHONE
EMAIL

TYPE OF BUSINESS

WHOLESALE _____ SELLING _____ CORPORATION _____ NAME OF
RETAIL _____ MANUFACTURING _____ PARTNERSHIP _____ PARTNERS
SERVICE _____ INDIVIDUAL _____ (IF PARTNERSHIP)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY _____
KIND OF BUSINESS (PLEASE BE SPECIFIC)

STATE SALES TAX ID NUMBER / SOCIAL SECURITY NUMBER

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED PRIOR TO EXPIRATION DATE TO AVOID PENALTY OF 10% PLUS 1% PER MONTH THEREAFTER.

TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS

(NOTE: The term "employee" means full-time employees and, with respect to a professional firm or clinic, also includes all partners; however, such term excludes seasonal employees. The term "full-time" means at least thirty (30) hours per seven day week.)

CITY USE ONLY

THE UNDERSIGNED **OFFICIAL OF THE ABERDEEN INSPECTION DIVISION** CERTIFIES THAT THE USE AS DESCRIBED ON THIS APPLICATION IS IN
CONFORMITY WITH THE ZONING ORDINANCE OF THE CITY OF ABERDEEN.

- ☐ **APPROVED**
☐ **DISAPPROVED**

BUILDING INSPECTOR

DATE

REMARKS:

THE UNDERSIGNED **FIRE DEPARTMENT OFFICIAL** OF THE CITY OF ABERDEEN CERTIFIES THAT THE DESCRIBED PREMISES HAVE BEEN INSPECTED
AND THAT THE SAME MEET THE EXISTING STANDARD FIRE PREVENTION CODE AS ADOPTED BY THE CITY OF ABERDEEN.

- ☐ **APPROVED**
☐ **DISAPPROVED**

FIRE INSPECTOR

DATE

REMARKS:

CITY CLERK / DEPUTY CITY CLERK

DATE

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING A PRIVILEGE LICENSE AND
DETERMINING THE AMOUNT DUE IS TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE _____ DAY OF _____

NOTARY PUBLIC

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO _____
FOR ADDITIONAL INFORMATION,

PHONE

SCHEDULE A

IF YOU ARE A WHOLESALE OR RETAIL STORE, INCLUDING RESTAURANTS, DEALING IN THE SALE OF GOODS, WARES, AND/OR MERCHANDISE, DETERMINE THE AMOUNT OF TAX YOU OWE BY APPLYING THE ASSESSED VALUE OF YOUR INVENTORY TO THE SCHEDULED LISTED BELOW. ASSESSED VALUE IS DETERMINED AS IT APPEARS ON YOUR PERSONAL PROPERTY TAX STATEMENT. (ASSESSED VALUE IS 15% OF TRUE VALUE.)

CODE	ASSESSED VALUE OF INVENTORY	AMOUNT	CODE	ASSESSED VALUE OF INVENTORY	AMOUNT
27-17-365 A	\$0 - \$7,000	\$20.00	27-17-365 N	\$90,001 - \$100,000	\$380.00
27-17-365 B	\$7,001 - \$10,000	\$25.00	27-17-365 O	\$100,001 - \$125,000	\$440.00
27-17-365 C	\$10,001 - \$12,000	\$32.50	27-17-365 P	\$125,001 - \$150,000	\$560.00
27-17-365 D	\$12,001 - \$15,000	\$40.00	27-17-365 Q	\$150,001 - \$175,000	\$680.00
27-17-365 E	\$15,001 - \$20,000	\$50.00	27-17-365 R	\$175,001 - \$200,000	\$800.00
27-17-365 F	\$20,001 - \$25,000	\$62.50	27-17-365 S	\$200,001 - \$225,000	\$920.00
27-17-365 G	\$25,001 - \$30,000	\$75.00	27-17-365 T	\$225,001 - \$250,000	\$1,040.00
27-17-365 H	\$30,001 - \$40,000	\$92.50	27-17-365 U	\$250,001 - \$300,000	\$1,200.00
27-17-365 I	\$40,001 - \$50,000	\$150.00	27-17-365 V	\$300,001 - \$350,000	\$1,360.00
27-17-365 J	\$50,001 - \$60,000	\$200.00	27-17-365 W	\$350,001 - \$400,000	\$1,520.00
27-17-365 K	\$60,001 - \$70,000	\$250.00	27-17-365 X	\$400,001 - \$450,000	\$1,680.00
27-17-365 L	\$70,001 - \$80,000	\$300.00	27-17-365 Y	\$450,001 - and over	\$1,840.00
27-17-365 M	\$80,001 - \$90,000	\$340.00			

SCHEDULE B - MANUFACTURING

CODE 27-17-009 A-C 0 - 3 EMPLOYEES = \$20.00 4 - 10 EMPLOYEES = \$30.00 OVER 10 EMPLOYEES = \$80.00

SCHEDULE C

CODE 27-17-009 A-C
0 - 3 EMPLOYEES = \$20.00 4 - 10 EMPLOYEES = \$30.00
OVER 10 EMPLOYEES = \$3 / PER EMPLOYEE NOT TO EXCEED \$150.00

THE TERM "EMPLOYEE" MEANS FULL-TIME EMPLOYEES AND WITH RESPECT TO A PROFESSIONAL FIRM OR CLINIC, ALSO INCLUDES ALL PARTNERS; HOWEVER, FULL-TIME MEANS AT LEAST THIRTY (30) HOURS PER SEVEN-DAY WEEK

SCHEDULE D

CODE		
27-17-299A	PAWN BROKER	\$250.00
27-17-299B	PAWN BROKER, DEADLY WEAPONS (ADDITIONAL TAX)	\$250.00
27-17-415	BEER - WHOLESALE	\$50.00
27-17-035	AUTOMOBILES FOR HIRE OR RENT -	
	No. _____ x \$15.00 = _____	
	TRANSIENT VENDOR - NEW	\$250.00
	TRANSIENT VENDOR - RENEWAL	\$25.00
	ALARM SERVICE	\$50.00
	STREET FOOD VENDOR	\$50.00

SCHEDULE E - MISCELLANEOUS CHARGES

BEER RETAIL	\$15.00 = \$
DEALERS IN DEADLY WEAPONS	\$100.00 = \$
OPTOMETRIST / DIAGNOSTIC PHARMACEUTICAL AGENTS	\$25.00 = \$
ANIMAL CONTROL INSPECTION	\$10.00 = \$
MACHINE REQUIRING THE DEPOSIT OF A COIN OF MORE THAN TWENTY CENTS (20c)	NO. _____ x \$10.00 = \$
MACHINE REQUIRING THE DEPOSIT OF A COIN TEN CENTS (10c) AND NOT MORE THAN TWENTY CENTS (20c)	NO. _____ x \$7.50 = \$
MACHINE REQUIRING THE DEPOSIT OF A TOKEN, COIN OR COINS OF FIVE CENTS (5c) AND LESS THAN TEN CENTS (10c)	NO. _____ x \$5.00 = \$
MACHINE REQUIRING THE DEPOSIT OF A TOKEN, COIN OR COINS LESS THAN FIVE CENTS (5c)	NO. _____ x \$2.50 = \$
MUSIC OR PICTURE MACHINE	NO. _____ x \$27.00 = \$
GAME MACHINE	NO. _____ x \$45.00 = \$
HOBBY HORSE RIDE	NO. _____ x \$18.00 = \$
POSTAGE STAMPS	NO. _____ x \$2.00 = \$
CIGARETTES	NO. _____ x \$2.50 = \$
WEIGHING MACHINES	NO. _____ x \$2.00 = \$

**CALCULATE FEE FROM EITHER SCHEDULE A, B, C, OR D
PLUS ANY ADDITIONAL CHARGES FROM SCHEDULE E (IF APPLICABLE)**

FILING FEE	\$ 1.00
SCHEDULE A	\$
SCHEDULE B	\$
SCHEDULE C	\$
SCHEDULE D	\$
SCHEDULE E	\$
TOTAL DUE	

IF YOU SELL FOOD, PLEASE ATTACH A COPY OF YOUR MISSISSIPPI STATE DEPARTMENT OF HEALTH FOOD SERVICE PERMIT
NOTICE: IF ANY PERSON LIABLE FOR THIS TAX UNDER THE PROVISIONS OF MISSISSIPPI LAW SHALL FAIL, REFUSE OR NEGLECT TO OBTAIN THE NECESSARY LICENSE AND PAY SUCH TAX PRIOR TO COMMENCING IN BUSINESS, OR IF ANY PERSON LIABLE FOR SUCH TAX SHALL FAIL, REFUSE OR NEGLECT TO OBTAIN A NEW OR RENEWAL LICENSE AND PAY THE REQUIRED TAX AS REQUIRED BY MISSISSIPPI LAW, THEN SUCH PERSON SHALL BE LIABLE FOR THE AMOUNT OF SUCH TAX PLUS A PENALTY.