

Acct. No.

Expiration Date

PRIVILEGE LICENSE APPLICATION

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

BUSINESS
NAME

APPLICANT

MAILING
ADDRESSBUSINESS
LOCATION

TELEPHONE

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 _____

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.)

ENTER THE TOTAL HERE AND ON REVERSE SIDE IN BLOCK A. _____

WHOLESALE - RETAIL

1. AMOUNT OF ASSESSED INVENTORY TO THE NEAREST DOLLAR: (SEE SCHEDULE A ON REVERSE SIDE FOR AMOUNT OF FEE AS REQUIRED BY MISSISSIPPI STATUTE.) _____
2. IF YOU SELL LIGHT WINE/BEER, CITY FEE IS _____ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE) (SEE SCHEDULE B ON REVERSE SIDE.) _____
3. DO YOU HAVE GAME MACHINES? _____ IF SO, HOW MANY? _____ (\$45.00 EACH) _____
4. DO YOU HAVE VENDING MACHINES? _____ NUMBER AT \$10.00 EACH _____ NUMBER AT \$7.50 EACH _____ (SEE SCHEDULE D ON REVERSE SIDE.) _____
5. DO YOU HAVE KIDDY RIDES? _____ IF SO, HOW MANY? _____ (\$18.00 EACH) _____
6. DO YOU HAVE MUSIC MACHINES? _____ IF SO, HOW MANY? _____ (\$27.00 EACH) _____
7. DO YOU SELL FOOD? _____ IF SO, PLEASE ENCLOSE A COPY OF YOUR FOOD PERMIT. _____

OTHER THAN WHOLESALE - RETAIL

8. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE (SEE SCHEDULE B ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.) _____ 8. _____
9. MANUFACTURER'S FEE (USE SCHEDULE C ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.) _____ 9. _____
10. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9) _____ 10. _____

AFFIDAVIT

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 _____ TITLE _____ DATE _____

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

PHONE _____

SCHEDULE A - INVENTORY ASSESSMENT TABLE

IF YOU ARE A WHOLESALE OR RETAIL STORE DEALING IN THE SALE OF GOODS, WARES, AND/OR MERCHANDISE.

ASSESSED VALUE IS DETERMINED AS IT APPEARS ON THE PERSONAL PROPERTY ASSESSMENT ROLLS. IF YOU ARE A NEW BUSINESS, ADD ESTIMATED ASSESSED VALUE INVENTORY IN NO. 1 ON FRONT PAGE OF APPLICATION, (ESTIMATED ASSESSED VALUE WILL BE 15% OF ESTIMATED TRUE VALUE).

Then, determine the amount of tax you owe by applying assessed value of your inventory to schedule listed below.

ASSESSED VALUE OF INVENTORY**PAY THIS AMOUNT**

\$0 - \$7,000	\$20.00
\$7,001 - \$10,000	\$25.00
\$10,001 - \$12,000	\$32.50
\$12,001 - \$15,000	\$40.00
\$15,001 - \$20,000	\$50.00
\$20,001 - \$25,000	\$62.50
\$25,001 - \$30,000	\$75.00
\$30,001 - \$40,000	\$92.50
\$40,001 - \$50,000	\$150.00
\$50,001 - \$60,000	\$200.00
\$60,001 - \$70,000	\$250.00
\$70,001 - \$80,000	\$300.00
\$80,001 - \$90,000	\$340.00

ASSESSED VALUE OF INVENTORY**PAY THIS AMOUNT**

\$90,001 - \$100,000	\$380.00
\$100,001 - \$125,000	\$440.00
\$125,001 - \$150,000	\$560.00
\$150,001 - \$175,000	\$680.00
\$175,001 - \$200,000	\$800.00
\$200,001 - \$225,000	\$920.00
\$225,001 - \$250,000	\$1,040.00
\$250,001 - \$300,000	\$1,200.00
\$300,001 - \$350,000	\$1,360.00
\$350,001 - \$400,000	\$1,520.00
\$400,001 - \$450,000	\$1,680.00
\$450,001 and over	\$1,840.00

SCHEDULE B - ALL BUSINESS

(OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)

CODE	EMPLOYEES	FEE
27-17-009	0 - 3	\$20.00
	4 - 10	\$30.00
	OVER 10	\$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00
27-17-035	AUTO RENTAL	\$15.00 (CLASS 1) \$10.00 (CLASS 2) \$5.00 (CLASS 3 - CLASS 7)
27-17-299A	PAWN BROKER	\$250.00
27-17-299B	ADDITIONAL TAX, DEADLY WEAPONS	\$250.00
27-17-415	WEAPONS, DEALERS IN DEADLY	\$100.00
27-69-69	TOBACCO TAX	\$50.00
27-71-303	LIGHT WINE/BEER	
	(A) RETAILERS - FOR EACH PLACE OF BUSINESS	\$30.00
	(B) WHOLESALEERS OR DISTRIBUTORS - FOR EACH COUNTY	\$100.00
	(C) MANUFACTURERS - FOR EACH PLACE OF BUSINESS	\$1,000.00
	(D) BREWPUBS - FOR EACH PLACE OF BUSINESS	\$1,000.00

SCHEDULE C - MANUFACTURERS

EMPLOYEES	FEE
0 - 3	\$20.00
4 - 10	\$30.00
OVER 10	\$80.00

SCHEDULE D - VENDING MACHINES

For each postage machine.....\$2.00
 For each cigarette machine.....\$2.50
 All other machines requiring the deposit of a coin of more than twenty cents (20¢)\$10.00 each
 All other machines requiring the deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢)\$7.50 each
 For each machine requiring the deposit of a token, coin, or coins, of Five Cents (5 cent(s)) and less than Ten Cents (10 cent(s)) . \$5.00
 Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner _____ Type of Machine* _____

Owner's Address _____

Responsible Party for Taxes _____ Item Cost ** _____

Vending Machine Owner _____ Type of Machine* _____

Owner's Address _____

Responsible Party for Taxes _____ Item Cost** _____

Vending Machine Owner _____ Type of Machine* _____

Owner's Address _____

Responsible Party for Taxes _____ Item Cost ** _____

Type of Vending Machines - Air; Vacuum; Car Wash; Drinks (Soft drinks, coffee, juice, etc.); Food (candy, chips, cookies, sandwiches, etc.); Gum Ball; Newspaper; Personal Items (shampoo, combs, brushes, soap, etc.); Cigarettes; Laundry Products; Postage; and Coin Changers.

* Item Cost - Cost of most expensive item in machine.