

Acct. No.

Expiration Date

PRIVILEGE LICENSE APPLICATIONTHIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED & ALL
QUESTIONS ANSWERED

NAME

APPLICANT

ADDRESS

BUSINESS
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.

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 BEER, CITY FEE IS _____ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE)
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 _____ (USE 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.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

OTHER THAN WHOLESALE - RETAIL

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

8. _____
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

A. TOTAL NUMBER OF FULL-TIME EMPLOYEES

A.

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	ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT
\$0 - \$7,000	\$20.00	\$ 90,001 - \$100,000	\$380.00
\$7,001 - \$10,000	\$25.00	\$100,001 - \$125,000	\$440.00
\$10,001 - \$12,000	\$32.50	\$125,001 - \$150,000	\$560.00
\$12,001 - \$15,000	\$40.00	\$150,001 - \$175,000	\$680.00
\$15,001 - \$20,000	\$50.00	\$175,001 - \$200,000	\$800.00
\$20,001 - \$25,000	\$62.50	\$200,001 - \$225,000	\$920.00
\$25,001 - \$30,000	\$75.00	\$225,001 - \$250,000	\$1,040.00
\$30,001 - \$40,000	\$92.50	\$250,001 - \$300,000	\$1,200.00
\$40,001 - \$50,000	\$150.00	\$300,001 - \$350,000	\$1,360.00
\$50,001 - \$60,000	\$200.00	\$350,001 - \$400,000	\$1,520.00
\$60,001 - \$70,000	\$250.00	\$400,001 - \$450,000	\$1,680.00
\$70,001 - \$80,000	\$300.00	\$450,001 and over	\$1,840.00
\$80,001 - \$90,000	\$340.00		

SCHEDULE B - ALL BUSINESS (OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)			SCHEDULE C - MANUFACTURERS		
CODE	EMPLOYEES	FEE	EMPLOYEES	FEE	
27-17-009	0 - 3	\$20.00	0 - 3	\$20.00	
	4 - 10	\$30.00	4 - 10	\$30.00	
	OVER 10	\$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00	OVER 10	\$80.00	
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			
27-17-392	TRAVEL AGENCY	\$200.00			
27-17-415	WEAPONS, DEALERS IN DEADLY	\$100.00			

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

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.