

Acct. No.

Expiration Date

**PRIVILEGE LICENSE APPLICATION**

THIS 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.)	1.	
2. IF YOU SELL BEER, CITY FEE IS _____ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE)	2.	
3. DO YOU HAVE GAME MACHINES? _____ IF SO, HOW MANY? _____ (\$45.00 EACH)	3.	
4. DO YOU HAVE VENDING MACHINES? _____ NUMBER AT \$10.00 EACH _____ NUMBER AT \$7.50 EACH _____ <small>(USE SCHEDULE D ON REVERSE SIDE)</small>	4.	
5. DO YOU HAVE KIDDY RIDES? _____ IF SO, HOW MANY? _____ (\$18.00 EACH)	5.	
6. DO YOU HAVE MUSIC MACHINES? _____ IF SO, HOW MANY? _____ (\$27.00 EACH)	6.	
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