

Acct. No.  
[ ]

Expiration Date  
[ ]

### PRIVILEGE LICENSE APPLICATION

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

NAME \*  
MAILING ADDRESS

APPLICANT \* [ ]

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. [ ]  
(SEE SCHEDULE B ON REVERSE SIDE)
- 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 \_\_\_\_\_ 4. [ ]  
(USE SCHEDULE D ON REVERSE SIDE)
- 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. 7. [ ]

#### 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 [ ]

[ ]