

Acct. No.

PRIVILEGE LICENSE APPLICATION
THIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED AND ALL
QUESTIONS ANSWERED

Expiration Date

TYPE OF BUSINESS

WHOLESALE _____ SELLING _____ CORPORATION _____
RETAIL _____ MANUFACTURING _____ PARTNERSHIP _____
SERVICE _____ INDIVIDUAL _____

APPLICANT

BUSINESS LOCATION

TELEPHONE

NAME ADDRESS

NAME OF PARTNERS (If Partnership)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS?

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 THE 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, STATE FEE IS \$15.00. 2.
- 3. DO YOU HAVE GAMES 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.
- 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 (USE 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 : _____



A. TOTAL NUMBER OF FULL TIME EMPLOYEES

A.

SCHEDULE A - INVENTORY ASSESSMENT

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 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 Machine - Air; 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 the machine.