



City of Pass Christian
 200 W. Scenic Drive
 Pass Christian, MS 39571
 228-452-3310, Ext 101

Acct. No. _____
 Expiration Date _____

NEW OR RENEWAL PRIVILEGE LICENSE

BUSINESS NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

OWNERS NAME: _____ PHONE # _____

DATE OF OPERATION: _____ ST. TAX ID# _____

FULL TIME EMPLOYEES: _____ TYPE OF BUSINESS: _____

DO YOU SELL FOOD? YES _____ NO _____ IF YES - PROVIDE COPY OF FOOD PERMIT

 LICENSE MUST BE RENEWED & PAID FOR PRIOR TO EXPIRATION DATE TO AVOID PENALTIES

WHOLESALE - RETAIL

| | |
|--|----------|
| APPROXIMATE AMOUNT OF ASSESSED INVENTORY (WHOLESALE) | \$ _____ |
| SELL BEER? YES _____ NO _____ (\$15) | \$ _____ |
| GAME MACHINES? YES _____ NO _____ (\$45 EACH) | \$ _____ |
| VENDING MACHINES? YES _____ NO _____ (\$10 EACH) | \$ _____ |
| KIDDY RIDES? YES _____ NO _____ (\$18 EACH) | \$ _____ |
| MUSIC MACHINES? YES _____ NO _____ (\$27 EACH) | \$ _____ |

.....
OTHER THAN WHOLESALE - RETAIL
 (USE SCHEDULE ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE)

| | |
|--|----------|
| OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER) FEE | \$ _____ |
| MANUFACTURER'S FEE | \$ _____ |
| TOTAL PRIVILEGE LICENSE FEE \$ _____ PRORATED \$ _____ | \$ _____ |

AFFIDAVIT
 I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION FOR THE PURPOSE OF SECURING A PRIVILEGE LICENSE AND DETERMINING AMOUNT DUE IS TRUE AND CORRECT.

SIGNATURE: _____ TITLE: _____ DATE: _____

THE ABOVE APPLICATION IS REQUIRED UNDER SECTION 203, CHAPTER 137, PRIVILEGE LICENSE LAWS OF 1944. NO LICENSE WILL BE ISSUED WITHOUT PROPERLY EXECUTED APPLICATION, WHICH THE TAX COLLECTOR IS REQUIRED TO KEEP ON FILE FOR THREE YEARS.

THE ISSUANCE OF A PRIVILEGE TAX LICENSE SHALL NOT MAKE LAWFUL ANY ACT OR THING CONTRARY TO ANY STATUTE OF THIS STATE AND MUST BE IN COMPLIANCE WITH ALL CITY ORDINANCES. SECTION 27-17-473, MISSISSIPPI CODE OF 1972 ANNOTATED.

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.