

[] New Business [] Existing Business [] Change of Address

BUSINESS OWNER INFORMATION

BUSINESS OWNER'S NAME: _____

ADDRESS: _____

HOME PHONE # _____ BUSINESS PHONE # _____

FAX # _____ ADDITIONAL TELEPHONE #'S _____

MAILING ADDRESS, IF DIFFERENT: _____

EMAIL ADDRESS: _____ STATE ID: _____

TRADE NAME

DBA: _____

LOCATION: _____

HOME BASED ___ YES ___ NO (IF YES AND YOU OWN HOME, SKIP QUESTIONS BELOW)

WHAT WAS IN THE LOCATION BEFORE YOUR BUSINESS, IF KNOWN? _____

IS YOUR BUSINESS LOCATION IN A MALL, SHOPPING CENTER OR OFFICE COMPLEX? _____

IF YES, PLEASE GIVE NAME OF THE COMPLEX: _____

ARE YOU LEASING THE LOCATION? _____ (IF YES, WHEN DOES YOUR LEASE END) _____

NAME, PHONE# AND ADDRESS OF LANDLORD: _____

BUSINESS INFORMATION

TYPE OF BUSINESS: _____

NUMBER OF FULL TIME EMPLOYEES: _____

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

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) \$ _____

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 MCA SECTION 27-17-1 ET SEQ. NO LICENSE WILL BE ISSUED WITHOUT THE 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.

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

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 if tax you owe by applying assessed value of your inventory to schedule list 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
7-17-009	0 - 3	\$20.00	0 - 3	\$20.00
	4 - 10	\$30.00		
	OVER 10	\$3.00 PER EMPLOYEE (NOT TO EXCEED \$150.00)		
7-17-035	AUTO RENTAL	\$15.00 (CLASS 1)	OVER 10	\$80.00
		\$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 no 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; Drink (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 the most expensive item in the machine