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

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

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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)

CODE	EMPLOYEES	FEE
27-17-009	0 - 3	$20.00
	4 - 10	$30.00
	OVER 10	$3.00 PER EMPLOYEE (NOT TO EXCEED $150.00)
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 C - MANUFACTURERS

EMPLOYEES	FEE
0 - 3	$20.00
4 - 10	$30.00
OVER 10	$80.00

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 that 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.