

PRIVILEGE LICENSE APPLICATION

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

Account No.
00000

Expiration Date

APPLICANT _____

BUSINESS LOCATION _____

TELEPHONE _____

NAME OF PARTNERS (IF PARTNERSHIP) _____

KIND OF BUSINESS	TYPE OF BUSINESS	COMPANY TYPE
WHOLESALE <input type="checkbox"/>	SELLING <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
RETAIL <input type="checkbox"/>	MANUFACTURING <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
SERVICE <input type="checkbox"/>		INDIVIDUAL <input type="checkbox"/>

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY _____

KIND OF BUSINESS (PLEASE BE SPECIFIC) _____

STATE SALES TAX ID NO. _____

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) (SEE SHCHEDULE B ON REVERSE SIDE) (RENEWAL IN SEPTEMBER ONLY)	2. _____
3. DO YOU HAVE GAME MACHINES? _____ IF SO, HOW MANY? _____ (\$45.00 EA)	3. _____
4. DO YOU HAVE VENDING MACHINES? _____ NO. AT \$10.00 EA _____ NO. AT \$7.50 EA _____ (USE SCHEDULE D ON REVERSE SIDE)	4. _____
5. DO YOU HAVE KIDDY RIDES? _____ IF SO, HOW MANY? _____ (\$18.00 EA)	5. _____
6. DO YOU HAVE MUSIC MACHINES? _____ IF SO, HOW MANY? _____ (\$27.00 EA)	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: **City of Petal**
119 W Eighth Ave.
Petal, MS 39465

PHONE: **601-545-1776**

A. TOTAL NUMBER OF FULL - TIME EMPLOYEES

A.

SCHEDULE A - INVENTORY ASSESSMENT TABLE

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.

<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</u>	<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</u>
\$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
27-71-303	BEER	\$15.00

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 than twenty cents (\$.20).....\$10.00 Each
- All other machines requiring the 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 Machines - Air; Vacuum; 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 machine.