## PRIVILEGE LICENSE APPLICATION

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

Business Name:		Physical Address:			
Mailing Address:		Business Phone:			
Business Owner:		Business Email:			
Business Owner Cell:		Emergency Contact (after hours):			
Business Owner Email:		Emergency Phone:			
Property Owner:		Leasing Agent (if applicable):			
Property Owner Cell:		Leasing Agent Cell:			
Property Owner Email:		Leasing Agent Email:			
When will or did	Partnership Individual Limited Liability you open your business:  Therefore Federal I	] Wholesale □ R		] Serv	vice Selling
Vame of Partner	s if Partnership:				
•	il businesses). You will only remit according Full-Time Employees for past 12 months (if appliance)  WHOLESALE – RET.	cable):		_	even-day week) ENTER AMOUNT HERE:
	Assessed Inventory to the nearest dollar (if			1.	\$
See Schedule A to determine the amount of fee required by Mississippi Statute.  2. Do you sell light wine/beer: Yes No. Must enclose a copy of valid state beer license					\$
	See Schedule B to determine the amount of fee  3. Do you have game machines?  Yes No. If so, how many? (\$45 Each)				
	ve vending machines? Yes No. Num			<b>3. 4.</b>	\$
\$7.50 Eacl	n: Number at \$5.00 Each:See Sch	nedule D.		7.	<b>Þ</b>
	Do you have kiddy rides? Tes No. If so, how many?(\$18.00 each)				\$
	o you have music machines? Yes No. If so, how many? (\$27.00 each)				\$
7. Do you sell prepared food: Yes No. Must enclose a copy of valid food permit OTHER THAN WHOLESALE - RETAIL					
8 Other type	e of business (except manufacturer's) fee S			8.	
	arer's Fee See Schedule C to determine the an		determine amount of fee	9.	
5. Manuacu	TOTAL PRIVILEGE LICEN		(ADD BLOCKS 1 THRI		\$
	Delinquent Penalty of 10% plus 1% pe				\$
			FPENALTY (if applicate		\$
JCENSE MUST B	E RENEWED AND PAYMENT RECEIVED PRIOR TO				Ι Ψ
	by certify that all information given on this application			deter	mining the
SIGNATURE		PITLE:	D	ATE:	
APPLICATION MU PO BOX 320069 21	ST BE ACCOMPANIED BY REMITTANCE PAYABLI 01 AIRPORT ROAD FLOWOOD, MS 39232-0069 PHO	E TO: CITY OF FLO			
	ELICENSE@CITYOFFLOWOOD.COM ONLY: ACCOUNT NO.	EXPIR	ATION DATE:		

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## 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	he amount of tax you ov	ve by applying assessed value of your in	eventory to schedule listed below.	
ASSESSED VALU	E OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT
\$7,001 - \$10,000 \$10,001 - \$12,000 \$12,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$70,000 \$70,001 - \$80,000	0	\$25.00 \$32.50 \$40.00 \$50.00 \$62.50 \$75.00 \$92.50 \$150.00 \$200.00 \$250.00 \$300.00	. \$90,001 - \$100,000	\$440.00 \$560.00 \$680.00 \$800.00 \$920.00 \$1,040.00 \$1,200.00 \$1,360.00 \$1,520.00 \$1,680.00
(OTHE		B - ALL BUSINESS EERS & WHOLESALE/RETAIL STORES)	SCHEDULE C - MAI	NUFACTURERS
CODE 27-17-009 27-17-035	EMPLOYEES 0 - 3 4 - 10 OVER 10  AUTO RENTAL	FEE \$20.00 \$30.00 \$3.00 PER EMPLOY! NOT TO EXCEED \$150.00 \$15.00 (CLASS 1) \$10.00 (CLASS 2) \$5.00 (CLASS 3 -		0.00
(B) WHOLES (C) MANUFA		\$250.00 ADLY WEAPONS \$250.00 B IN DEADLY \$100.00  OF BUSINESS \$30  ORS - FOR EACH COUNTY \$10  PLACE OF BUSINESS \$1,0	0.00 0.00 000.00	
The Section of the second		SCHEDULE D - VEN	DING MACHINES	
For each cigar All other mach All other mach For each mach Please list each	rette machine	eposit of a coin of more than tw eposit of a coin of ten cents (10 osit of a token, coin, or coins, of separately. (Attach additional sl	enty cents (20¢)	\$2.50 \$10.00 each \$7.50 each Cents (10 cent(s)).\$5.00
Owner's Addre	ess		•	
Vending Mach	ine Owner		Item Cost	
Responsible P Vending Mach	Party for Taxes ine Owner		Item Cos Type of Machir	st** ne*
			Item Cos	t **
			coffee, juice, etc.); Food (candy, chips, cookies, sa	

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.