

Acct. No.

Expiration Date

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

NAME	APPLICANT	
ADDRESS	BUSINESS LOCATION	
	TELEPHONE	

TYPE OF BUSINESS

WHOLESALE _____	SELLING _____	CORPORATION _____	NAME OF
RETAIL _____	MANUFACTURING _____	PARTNERSHIP _____	PARTNERS
SERVICE _____	INDIVIDUAL _____	(IF PARTNERSHIP)	

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY
KIND OF BUSINESS (PLEASE BE SPECIFIC)

STATE SALES TAX ID NUMBER

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 LIGHT WINE/BEER, CITY FEE IS _____ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE)
(SEE SCHEDULE B ON REVERSE SIDE.) 2.
3. DO YOU HAVE GAME MACHINES? _____ IF SO, HOW MANY? _____ (\$45.00 EACH) 3.
4. DO YOU HAVE VENDING MACHINES? _____ NUMBER AT \$10.00 EACH _____ NUMBER AT \$7.50 EACH _____ 4.
5. DO YOU HAVE KIDDY RIDES? _____ IF SO, HOW MANY? _____ (\$18.00 EACH) 5.
6. DO YOU HAVE MUSIC MACHINES? _____ IF SO, HOW MANY? _____ (\$27.00 EACH) 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
FOR ADDITIONAL INFORMATION,

PHONE **601-939-4243**

CITY OF FLOWOOD
P.O. BOX 320069 • 2101 AIRPORT ROAD
FLOWOOD, MS 39232-0069

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)

SCHEDULE C - MANUFACTURERS

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
27-17-415	WEAPONS, DEALERS IN DEADLY	\$100.00
27-71-303	LIGHT WINE/BEER	
	(A) RETAILERS - FOR EACH PLACE OF BUSINESS	\$30.00
	(B) WHOLESALERS OR DISTRIBUTORS - FOR EACH COUNTY	\$100.00
	(C) MANUFACTURERS - FOR EACH PLACE OF BUSINESS	\$1,000.00
	(D) BREWPUBS - FOR EACH PLACE OF BUSINESS	\$1,000.00

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
 - For each machine requiring the deposit of a token, coin, or coins, of Five Cents (5 cent(s)) and less than Ten Cents (10 cent(s)) .\$.5.00
- 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.

GARY L. RHOADS
Mayor

RUSTY FORTENBERRY
Attorney

JOSH CARLISLE
City Clerk/Comptroller



ALDERMAN
DONALD H. FLYNT
DERON R. HARMON
KIRK B. McDANIEL
DUSTY L. RHOADS
KATHY J. SMITH

2101 AIRPORT ROAD
P.O. BOX 320069
FLOWOOD, MISSISSIPPI 39232-0069
PHONE: (601) 939-4243
FAX: (601) 420-3334

PRIVILEGE LICENSE APPROVAL APPLICATION

APPROVED _____
APPROVED _____
DATE _____

DATE: _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE #: _____ EMAIL: _____

BUSINESS OWNER: _____ PHONE & EMAIL: _____

PROPERTY OWNER: _____ PHONE & EMAIL: _____

LEASING AGENT: _____ PHONE & EMAIL: _____

TYPE OF BUSINESS: _____

RETAIL – STOCK INVENTORY \$ _____

TOTAL NUMBER OF FULL-TIME EMPLOYEES: _____

WHEN WILL OR WHEN DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY OF
FLOWOOD~DATE: _____

SALES TAX ID NUMBER: _____

FEDERAL ID NUMBER: _____

AFTER HOURS EMERGENCY CONTACT

NAME: _____ PHONE#: _____

NAME: _____ PHONE#: _____

SIGNATURE: _____ DATE: _____