	Acct. No.			Expiration Date
		THIS APPLICATION FORM MUST BE C	PRIVILEGE LICENSE APPLICATION  THIS APPLICATION REQUIRED BY LAW FORM MUST BE COMPLETED & ALL QUESTIONS ANSWERED	
DITION	NITOO ET			
NAMI	NESS T		APPLICANT	
MAIL			BUSINESS LOCATION	
			TELEPHONE	
		TYPE OF B		
WHOI	ESALE SELLING	CORPORATION	NAME OF	
RETAI		A STATE OF THE STA	PARTNERS	
SERVI		INDIVIDUAL	(IF PARTNERSHIP)	
	WHEN WILL/DID YOU BEGIN O KIND OF BUSINESS (PLEASE BE	PERATION OF YOUR BUSINESS IN THE SPECIFIC)	CITY	
	STATE SALES TAX ID NUMBER	R		
	LICENSE MUST BE RENEWED AND I	PAYMENT RECEIVED PRIOR TO EXPIRATION I	DATE TO AVOID PENALTY OF 10% PLUS 1% PER	MONTH THEREAFTER.
		EMPLOYEES FOR THE PAST TWELVE ( full-time employees and, with respect to a profes employees. The term "full-time" means at least t ENTER THE TOTAL HERE AND OI	sional firm or clinic, also includes all partners; howeve hirty (30) hours per seven day week.	эг, )
		WHOLESALE	E - RETAIL	
1.	AMOUNT OF ASSESSED INVENTOR (SEE SCHEDULE A ON REVERSE S	RY TO THE NEAREST DOLLAR:) IDE FOR AMOUNT OF FEE AS REQUIRED B	BY MISSISSIPPI STATUTE.)	
2.	IF YOU SELL LIGHT WINE/BEER, C	ITY FEE IS (MUST ENCLOSE A CO	DPY OF VALID STATE BEER LICENSE)	
3.	DO YOU HAVE GAME MACHINES?	IF SO, HOW MANY?	(\$45.00 EACH)	
4.	DO YOU HAVE VENDING MACHINE (SEE SCHEDULE D ON REVERSE SIDE.) DO YOU HAVE KIDDY RIDES?	S?—— NUMBER AT \$10.00 EACH——  IF SO, HOW MANY?—		
6.	DO YOU HAVE MUSIC MACHINES?			
7.	DO YOU SELL FOOD?			
	TO TOO SELETOOD!	OTHER THAN WHOL	A COPY OF YOUR FOOD PERMIT.	
8.	OTHER TYPE OF BUSINESS (EXCER		8.	
		DE TO DETERMINE AMOUNT OF FEE.)	0.	
9.	MANUFACTURER'S FEE (USE SCHEDULE C ON REVERSE SI	DE TO DETERMINE AMOUNT OF FEE.)	9.	
10.	TOTAL PRIVILEGE LICENSE FEE DU	E (ADD BLOCKS 1 THRU 9)	10.	
I HERE	EBY CERTIFY THAT ALL INFORMATIC IT DUE, IS TRUE AND CORRECT.	AFFIDA' ON GIVEN ON THIS APPLICATION FOR THE	VIT PURPOSE OF SECURING A PRIVILEGE LICENS	SE, AND DETERMINING THE
SIGNAT	URE	TITLE—		- DATE -
	ATION MUST BE ACCOMPANIED BY DITIONAL INFORMATION,	REMITTANCE PAYABLE TO		
HONE				

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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 amount of tax you ov	ve by applying assessed value of ye	our inventory to schedule	listed below.			
ASSESSED VALU	JE OF INVENTORY	PAY THIS AMOUNT	ASSESSE	D VALUE OF INVENTO	ORY PAY THIS AMOUN		
\$7,001 - \$10,00 \$10,001 - \$12,00 \$12,001 - \$15,00 \$15,001 - \$20,00 \$20,001 - \$25,00 \$25,001 - \$30,00 \$30,001 - \$40,00 \$40,001 - \$50,00 \$50,001 - \$60,00 \$70,001 - \$80,00	0	\$25.00 \$32.50 \$40.00 \$50.00 \$62.50 \$75.00 \$92.50 \$150.00 \$200.00 \$250.00 \$300.00	\$100,001 \$125,001 \$150,001 \$175,001 \$200,001 \$225,001 \$250,001 \$300,001 \$350,001 \$400,001	- \$125,000	\$380.00 \$440.00 \$560.00 \$560.00 \$680.00 \$8920.00 \$1,040.00 \$1,200.00 \$1,360.00 \$1,520.00 \$1,680.00 \$1,840.00		
OTHE		B - ALL BUSINESS ERS & WHOLESALE/RETAIL STOP	(FC)	SCHEDULE C	- MANUFACTURERS		
CODE 27-17-009 27-17-035 27-17-299A 27-17-299B 27-17-415 27-69-69 27-71-303 (A) RETAILEF (B) WHOLES (C) MANUFA	EMPLOYEES  0 - 3  4 - 10  OVER 10  AUTO RENTAL  PAWN BROKER ADDITIONAL TAX, DEA WEAPONS, DEALERS TOBACCO TAX LIGHT WINE/BEER RS - FOR EACH PLACE CO	FEE \$20.00 \$30.00 \$30.00 \$30.00 \$30.00 \$30.00 \$3.00 PER EMPL NOT TO EXCEED \$15 \$15.00 (CLASS \$10.00 (CLASS \$250.00 \$250.00 \$10 DEADLY \$100.00 \$50.00 \$50.00 \$50.00 \$50.00 \$7 BUSINESS	LOYEE, 50.00 S 1) S 2) S 3 - CLASS 7) \$30.00 \$100.00 \$1,000.00	EMPLOYEES 0 - 3 4 - 10 OVER 10	FEE \$20.00 \$30.00 \$80.00		
		SCHEDULE D - V	ENDING MACHINES	6			
For each cigare All other machin All other machin For each machin Please list each	ette machinenes requiring the de nes requiring the de ne requiring the depo n Vending Machine s	posit of a coin of more than posit of a coin of ten cents (	twenty cents (20¢). (10¢) and not more to of Five Cents (5 cent) I sheet if needed).	han twenty cents s) ) and less than ī			
* · · · · · · · · · · · · · · · · · · ·	ne Owner			Type of Ma	Cost **achine*		
					Cost**		
Responsible Pa	rty 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.