

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.

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)

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) WHOLESALEORS 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.

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

- AMOUNT OF ASSESSED INVENTORY TO THE NEAREST DOLLAR;
(SEE SCHEDULE A ON REVERSE SIDE FOR AMOUNT OF FEE AS REQUIRED BY MISSISSIPPI STATUTE.)
- IF YOU SELL LIGHT WINE/BEER, CITY FEE IS _____ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE)
(SEE SCHEDULE B ON REVERSE SIDE.)
- DO YOU HAVE GAME MACHINES? _____ IF SO, HOW MANY? _____ (\$45.00 EACH)
- DO YOU HAVE VENDING MACHINES? _____ NUMBER AT \$10.00 EACH _____ NUMBER AT \$7.50 EACH _____
(SEE SCHEDULE B ON REVERSE SIDE.)
- DO YOU HAVE KIDDY RIDES? _____ IF SO, HOW MANY? _____ (\$18.00 EACH)
- DO YOU HAVE MUSIC MACHINES? _____ IF SO, HOW MANY? _____ (\$27.00 EACH)
- DO YOU SELL FOOD? _____ IF SO, PLEASE ENCLOSE A COPY OF YOUR FOOD PERMIT.

OTHER THAN WHOLESALE - RETAIL

- OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE
(SEE SCHEDULE B ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.)
- MANUFACTURER'S FEE
(USE SCHEDULE C ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.)
- TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9)

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