

Acct. No.

Expiration Date

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[Empty box for Expiration Date]

**PRIVILEGE LICENSE APPLICATION**

This application is required by law, form must be completed and all questions answered.

**LICENSE MUST BE RENEWED AND PAYMENT RECEIVED PRIOR TO OCTOBER 31, 2016 TO AVOID PENALTY.**

Please Print

Business Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Applicant \_\_\_\_\_  
Business Location \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name of Partners (If Partnership) \_\_\_\_\_

When will/did you begin operation of your business in the city? \_\_\_\_\_

Description of Business (Please be specific) \_\_\_\_\_

Please circle all that apply:  
Wholesale      Selling      Corporation  
Retail          Manufacturing      Partnership  
Service          Individual

State Sales Tax ID Number (must be included) \_\_\_\_\_

Total number of full-time employees for the past twelve (12) months. \_\_\_\_\_

See Schedule B or Schedule C on reverse side of application for amount due.

(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.)

**WHOLESALE - RETAIL**

1. Amount of assessed inventory (to the nearest dollar):  
Total inventory \_\_\_\_\_ X 15% = \_\_\_\_\_ Find this total on Schedule A  
Refer to Schedule A on reverse side to determine amount of fee. 1. \$ \_\_\_\_\_
2. If you sell beer, fee is \$15.00. 2. \$ \_\_\_\_\_
3. If you sell tobacco, fee is \$50.00. 3. \$ \_\_\_\_\_
4. Do you have vending machines? \_\_\_\_\_ Number at \$10.00 each \_\_\_\_\_ Number at \$7.50 each \_\_\_\_\_  
Refer to Schedule D on reverse side to determine amount of fee. 4. \$ \_\_\_\_\_
5. Do you have game machines? \_\_\_\_\_ If so, please request Slot Amusement license application 5. \$ \_\_\_\_\_
6. Do you have kiddy rides? \_\_\_\_\_ If so, please request Slot Amusement license application. 6. \$ \_\_\_\_\_
7. Do you have music machines? \_\_\_\_\_ If so, please request Slot Amusement license application. 7. \$ \_\_\_\_\_
8. Do you sell food? \_\_\_\_\_ If so, you must enclose a copy of your food permit. 8. \$ \_\_\_\_\_

**OTHER THAN WHOLESALE - RETAIL**

9. Other type of business (except manufacturer's) fee  
Refer to Schedule B on reverse side to determine amount of fee. 9. \$ \_\_\_\_\_
10. Manufacturer's fee – Refer to schedule C on reverse side to determine amount of fee. 10. \$ \_\_\_\_\_
11. Total privilege license fee due (add blocks 1 thru 10) Total Due. \$ \_\_\_\_\_

**EMERGENCY INFORMATION**

After Hours Emergency Contact Name: \_\_\_\_\_ Number \_\_\_\_\_

Name of person whom prepared application: \_\_\_\_\_ Number \_\_\_\_\_

Email Address of person whom prepared application: \_\_\_\_\_

Local Email Address: \_\_\_\_\_

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 with remittance payable to:  
City of Richland • P. O. Box 180609 • Richland, MS 39218 (601) 932-3000

**SCHEDULE A INVENTORY ASSESSMENT TABLE**

If you are a wholesale or retail store dealing in the sale of good, wares, and/or merchandise:

ASSESSED VALUE IS DETERMINED AS IT APPEARS ON THE PERSONAL 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 AMOUNT</u>	<u>PAY THIS AMOUNT</u>	<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS</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		

<b>SCHEDULE B ALL BUSINESS (Other than manufacturers &amp; wholesale/retail stores)</b>	<b>SCHEDULE C MANUFACTURERS</b>
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CODE	EMPLOYEES	FEE	EMPLOYEES	FEE
27-17-009	0 - 3	\$20.00	0 - 3	\$20.00
	4 - 10	\$30.00	4 - 10	\$30.00
	Over 10	\$3.00 per employee not to exceed \$150.00	Over 10	\$80.00
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		

**SCHEDULE D VENDING MACHINES**

For each postage machine (vending postage machines only)..... \$2.00 each

For each cigarette machine..... \$2.50 each

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 \_\_\_\_\_ \*\*Item Cost \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_

  

Vending Machine Owner \_\_\_\_\_ \*Type of Machine \_\_\_\_\_

Owner's Address \_\_\_\_\_ \*\*Item Cost \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_

  

Vending Machine Owner \_\_\_\_\_ \*Type of Machine \_\_\_\_\_

Owner's Address \_\_\_\_\_ \*\*Item Cost \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_

**\*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.**