



380 SCARBROUGH STREET  
P.O. BOX 180609  
RICHLAND, MS 39218  
PHONE: 601-932-3000 FAX: 601-939-5284

**APPLICATION FOR A RETAIL BEER & LIGHT WINE PRIVILEGE LICENSE**

In accordance with the provisions of the *Ordinance of the City of Richland, Mississippi, Regulating the Retail Sale of Beer and Light Wine (2013-1)*, this application is hereby made for a privilege license to engage in the business of retailing beer and light wine in the City of Richland, Mississippi, at the address shown below.

- 1. **Business Name:** \_\_\_\_\_
- 2. **Owner:** \_\_\_\_\_
- 3. **Applicant:** \_\_\_\_\_ **Title:** \_\_\_\_\_
- 4. **Business Location:** \_\_\_\_\_
- 5. **Mailing Address:** \_\_\_\_\_
- 6. **Nature of Business:** \_\_\_\_\_
- 7. **Type of Ownership:**  Individual  Partnership  Corporation  Other (submit explanation)
- 8. **You must attach a copy of your current State of MS Beer Permit and Privilege License.**
- 9. **MS Department of Revenue State Sales Tax ID Number:** \_\_\_\_\_
- 10. **Federal Tax ID Number (EIN):** \_\_\_\_\_
- 11. Is the applicant 21 years of age or older? **Yes**  **No**
- 12. Has payment by applicant(s) of all privilege license, real and personal taxes been made, with no delinquent tax amount due and payable? **Yes**  **No**
- 13. Has the applicant(s), ever been convicted in this State, or any other State, of a felony, of pandering or of keeping a house of prostitution? **Yes**  **No**
- 14. Have the applicants(s) been convicted within five (5) years of the date of this application of any violation of the laws of this State, any other State, or of the United States relating to alcoholic liquor or gambling? **Yes**  **No**
- 15. Has the applicant(s) had any retail beer or light wine privilege license or liquor license revoked within five (5) years from the date of this application? **Yes**  **No**
- 16. Is the applicant living with any person(s) whose retail beer and light wine privilege license has been revoked within the past two (2) years? **Yes**  **No**
- 17. Will any person(s), whose retail beer and light wine privilege license has been revoked within the past two (2) years be employed by the applicant(s), or have any financial interest in the business of the applicant(s)? **Yes**  **No**
- 18. If yes to 15, 16, or 17, please complete the following:  
 Name of Revoked Licensee: \_\_\_\_\_ Date of Revocation: \_\_\_\_\_  
 Business Name: \_\_\_\_\_ Business Location: \_\_\_\_\_
- 19. Are the premises to which this privilege license will apply: **Owned**  or **Leased**  by the applicant(s)?  
 If premises are leased, provide the following information:  
 Name of Leasor: \_\_\_\_\_  
 Address, City & State: \_\_\_\_\_

**SEE REVERSE SIDE**

- 20. Is the business located closer than 500 feet to any church, school main entrance, kindergarten or day care center as measured from the front door of your business to the centerline of the street directly in front of the front door of said business, and then along the centerline of the street to a point in front of the front door of the church sanctuary, school main entrance, kindergarten, or day care center? **Yes**  **No**
- 21. Is your business located in a C-1 Commercial District or I-1 Industrial District of the City? **Yes**  **No**
- 22. Do you maintain records of your gross sales? **Yes**  **No**
- 23. If your business is a grocery store or convenience store, does your business derive 50% or more of its gross sales from the sale of groceries, excluding gasoline? **Yes**  **No**
- 24. If your business is a restaurant, does your business derive more than 75% of its gross sales from the sale of food prepared for consumption within the premises? **Yes**  **No**
- 25. Does your business have a drive-through window? **Yes**  **No**
- 26. Does your business contain any pinball machines, pool tables or other coin operated amusement machines with the exception of jukeboxes? **Yes**  **No**
- 27. List in the space below the name(s), home address, social security number, driver's license number and state, and date of birth of each and every owner, partner, or, if a corporation, the name and title of each officer, director, and the person(s) managing the licensed premises and any stockholder owning more that 5% of the corporation, or submit a separate list containing the required information.

<u>Name, Title and Percent of Stock</u> (If applicable)	<u>Address</u>	<u>Social Security No.</u>	<u>Driver's License No. &amp; State</u>	<u>Date of Birth</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I (we) have read and understand the **Ordinance of the City of Richland, Mississippi Regulating the Retail Sale of Beer and Light Wine (2013-1)** and certify that I (we) am qualified to obtain a privilege license to sell beer and light wine pursuant to the terms thereof. All the foregoing representations apply individually and collectively to all officers, directors, and the person(s) managing the licensed premises of any corporation and to any such stockholder of such corporation owning more that 5% of the stock of such corporation making application for this privilege license.
- I (we) will, whenever called on to do so, furnish the issuing authority or agents of the City of Richland, Mississippi, with such records, documents or other evidence as may be necessary in order to prove compliance with the said Ordinance.
- I (we) understand that this Application will be forwarded to the Richland Police Department for a background check.
- I (we) understand that the retail beer and light wine privilege license fee is not refundable if the City denies the application.
- I (we) understand that should it be proven that any statements or certification contained herein is untrue or incorrect or should I violate any provisions of the aforesaid Ordinance, my retail beer and light wine privilege license, if granted, may be revoked and that I will be subject to penalties as stated in the ordinance.

**THIS APPLICATION MUST BE SIGNED BEFORE A NOTARY PUBLIC**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Sworn to and subscribed before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary: \_\_\_\_\_