



**APPLICATION FOR NEW OR RENEWAL PRIVILEGE LICENSE FOR
THE CITY OF MOUND BAYOU**

New _____ Renewal _____

1. Name of Business or Partnership or Corporation: _____
2. Business Location: _____
3. Owner of Business: _____
4. Mailing Address: _____
5. Nature of Business: _____
6. List items you will be selling in your Business Establishment:

7. Will you be selling beer? (27-17-603) Yes ___ No ___
8. Will you be dealing with deadly weapons? (27-17-415) Yes ___ No ___
9. Pawn Broker: Will you be receiving in pawn any dirks, knives, swords, canes, brass or metal knuckles or pistols? (27-17-365) Yes ___ No ___
10. True value of inventory (Wholesale or Retail) (27-17-365) \$ _____
11. Total number of employees (including the past 12 months) _____
12. Are you required to pay State sales tax? Yes ___ No ___ Not required _____ State Tax # _____
13. Have you paid a privilege license fee to the State, if required in your type of business? Yes ___ No ___ Not Required
14. Do you have a current health certificate from the Health Department, if required in your type of business? Yes ___ No ___ Not required _____ (Copy must be submitted with license payment)
15. Travel Agency: Number of representatives or agents: _____
16. Number of automobiles for hire or rent: _____
17. Plumbers License # _____
18. Electrician License # _____
19. Sales of plants, shrubs, or flowers will need a State Plant Board inspection. Have this business obtained: Yes ___ No ___ Not Required _____
20. Number of cigarette machine(s) operating: ___ None ___ (27-27-301)
21. Number of stamp machines: _____
22. Number of vending machine requiring deposit of a token, coin or coins: (27-27-301)
Less than .05 ___ .05 thru .09 ___ .10 thru .19 ___ .20 thru more _____

The undersigned hereby applies to the Tax Collector of Mound Bayou, Mississippi, for the privilege of engaging in the business in Mound Bayou, Mississippi as indicated above. I swear or affirm that I own the business or have an ownership interest therein, or if the application is a corporation, that I am duly the authorized agent of the corporate applicant. I further affirm that this business has had for the previous 12 months the number of full time employees so stated.

TAX COLLECTOR OR DUTY

SIGNATURE OF APPLICANT

DATE

NOTICE: Any person who shall willfully make any false statement on an application for a privilege license she be guilty of a misdemeanor and, upon conviction thereof, shall be required to pay the amount of the difference between the tax paid and that which should have been paid, in addition to the fine and imprisonment imposed.