



PRIVILEGE LICENSE APPLICATION

This application is required by law -- the Form must be completed and all questions answered.

Table with 2 columns: Field Name and Field Description. Fields include Account Number, Business Name, Mailing Address, Type of Business, Kind of Business, MS State Sales Tax No, Enter the Total Number of Employees, 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.

CHOOSE ONE OF THE FOLLOWING

- 1. RETAIL/WHOLESALE BUSINESS FEE (See Schedule A on reverse to determine fee.) \$
2. SERVICE BUSINESS FEE (See Schedule B on reverse to determine fee.) \$
3. MANUFACTURER'S FEE (See Schedule C on reverse to determine fee.) \$

CHECK ALL THAT APPLY

- 4. LEISURE AND RECREATION DISTRICT LICENSE FEE. (Y/N) ANNUAL FEE OF \$100 \$
5. IF YOU SELL BEER, STATE FEE IS \$15.00 WHOLESAL DISTRIBUTORS FEE IS \$50.00 \$
6. DO YOU HAVE GAME MACHINES? (Y/N). IF SO, HOW MANY (\$45.00 EACH) \$
7. DO YOU HAVE VENDING MACHINES? (Y/N). IF SO, HOW MANY? AT \$10.00 EACH AT \$7.50 EACH \$
8. DO YOU HAVE KIDDY RIDES? (Y/N.) IF SO, HOW MANY? AT \$18.00 EACH \$
9. DO YOU HAVE MUSIC MACHINES? (Y/N). IF SO, HOW MANY? AT \$27.00 EACH \$
10. LATE FEES (PENALTY OF 10% OF FEE TOTAL and 1% INTEREST FOR EACH MONTH LATE.) \$
11. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9) \$

I HEARBY 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: CITY OF NATCHEZ, P.O. BOX 1185, NATCHEZ, MS 39121-1185.

CONTACT INFORMATION: DEPUTY CITY CLERK - BUSINESS LICENSING DIVN AT CITY HALL, 124 S. PEARL STREET, NATCHEZ, MS 39120 or 601-445-7501

**SCHEDULE A - RETAIL OR WHOLESALE INVENTORY ASSESSMENT TABLE**

IF YOU ARE A **RETAIL STORE OR WHOLESALE DISTRIBUTOR** 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, USE ESTIMATED ASSESSED VALUE OF INVENTORY. **(ESTIMATED ASSESSED VALUE WILL BE 15% OF ESTIMATED TRUE VALUE OF INVENTORY.)**

THEN, DETERMINE THE AMOUNT OF TAX YOU OWE BY APPLYING ASSESSED VALUE OF YOUR INVENTORY TO SCHEDULE LISTED BELOW.

ASSESSED INVENTORY VALUE	PAY THIS AMOUNT	ASSESSED INVENTORY VALUE	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	The conditions imposed by MS Code 27-17-389 will be complied with.	

**SCHEDULE B - SERVICE TYPE BUSINESS (Determined by Number of Employees)**

THREE (3) or LESS .....	\$20.00	AUTO RENTAL/TAXICABS.....	\$ 10.00 per vehicle
FOUR (4) to TEN (10) .....	\$30.00	PAWN BROKER .....	\$250.00
OVER TEN (10) .....	\$ 3.00 PER EMP (max \$150.00)	ADDITIONAL TAX DEADLY WEAPONS .....	\$250.00
		WEAPONS - DEALERS IN DEADLY.....	\$100.00

**SCHEDULE C - MANUFACTURERS**

THREE (3) EMPLOYEES OR LESS .....	\$20.00	FOUR (4) TO TEN (10) EMPLOYEES...\$30.00	TEN (10) EMPLOYEES OR MORE .....	\$80.00
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**SCHEDULE D - VENDING MACHINES**

For each Postage Machine (not postage meter).....	\$ 2.00
For each Cigarette Machine .....	\$ 2.50
All Other Machines requiring the deposit of 10 cents and not more than 20 cents.....	\$ 7.50
All Other Machines requiring the deposit of 20 cents or more .....	\$10.00

Please list each Vending Machine separately (Use additional sheet if necessary)

Vending Machine Owner _____	Type Machine* _____
Owner's Address _____	Item Cost** _____ Responsible Party ___ Owner ___ Store
Vending Machine Owner _____	Type Machine* _____
Owner's Address _____	Item Cost** _____ Responsible Party ___ Owner ___ Store
Vending Machine Owner _____	Type Machine* _____
Owner's Address _____	Item Cost** _____ Responsible Party ___ Owner ___ Store
Vending Machine Owner _____	Type Machine* _____
Owner's Address _____	Item Cost** _____ Responsible Party ___ Owner ___ Store
Vending Machine Owner _____	Type Machine* _____
Owner's Address _____	Item Cost** _____ Responsible Party ___ Owner ___ Store

\*Type of Vending Machines - Air, Vacuum, Car Wash, Drinks (soft drinks, coffee, juice, etc.), Food (candy, chips, 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. CON Form BLA 04082015 (D.Holland)