

CITY OF GLUCKSTADT, MISSISSIPPI

P.O. Box 2210 Madison, MS 39130
343 Distribution Drive, Madison, MS 39110
Phone: 769-567-2306 Fax: 769-567-2305

APPLICATION FOR PRIVILEGE LICENSE

(As Required by Section 27-17-453, Miss. Code Ann.)

PLEASE PRINT CLEARLY

Application Type: () New Application () Renewal () Change of Ownership

APPLICATION DATE: _____

BUSINESS NAME: *If business is a partnership, list name of each partner:			
FEDERAL TAX ID (EIN):		*COPY REQUIRED*	
MISSISSIPPI SALES TAX ID (MDOR):			
PHYSICAL ADDRESS: (CITY, STATE, ZIP)			
MAILING ADDRESS: (IF DIFFERENT THAN ABOVE)			
NAME OF BUSINESS OWNER(S):			
CONTACT TELEPHONE #:			
WORK:	MOBILE:	EMERGENCY:	FAX:
CONTACT EMAIL:			
WHAT BUSINESS HELD THIS LOCATION PRIOR, IF KNOWN? _____			
CURRENT ZONING STATUS?			
IS YOUR BUSINESS LOCATED IN A MALL, SHOPPING CENTER OR OFFICE COMPLEX? () YES () NO IF YES, PLEASE LIST NAME OF COMPLEX: _____			
DO YOU LEASE OR OWN THE PROPERTY? () LEASE () OWN IF LEASED, WHAT DATE DOES YOUR LEASE END? _____			
PLEASE PROVIDE NAME AND ADDRESS OF LANDLORD: _____ _____			

OWNERSHIP: (___) CORPORATION (___) PARTNERSHIP (___)
PROPRIETORSHIP (___) PROFESSIONAL ASSOCIATION (___) OTHER
BUSINESS ACTIVITY (CHECK ALL THAT APPLY):

- (___) BANK
(___) CONTRACTOR EVENT CENTER
(___) INSURANCE COMPANY
(___) MANUFACTURER
(___) NON-MANUFACTURER
(___) PAWN SHOP
(___) RESTAURANT
(___) BAR
(___) LIQUOR STORE
(___) REAL ESTATE
(___) TRANSIENT VENDOR
(___) TRAVEL AGENCY
(___) VEHICLES FOR HIRE/RENT
(___) VENDING MACHINES

WHOLESALE AND RETAIL STORES

IF YOU ARE A WHOLESALE BUSINESS DEALING IN THE SALE OF GOODS,
WARE AND/OR MERCHANDISE, USE **SCHEDULE A** ON PAGE 5 TO
DETERMINE THE AMOUNT OF TAX YOU OWE.

AMOUNT ASSESSED INVENTORY (TO THE NEAREST DOLLAR): \$ _____

MANUFACTURERS

TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST 12 MONTHS
(USE **SCHEDULE B** ON PAGE 6): _____

OTHER FEES:

- (___) BEER FLAT FEE (\$15.00)
(___) # OF VEHICLES FOR HIRE OR RENT, TAXI/UHAUL, ETC. (\$5.00 PER
VEHICLE)
(___) OPTOMETRIST (\$25.00)
(___) PAWN BROKER / PAWN SHOP (\$250.00)
ADDITIONAL CHARGES (PAWN BROKER/PAWN SHOP):
(___) DEALER OF DEADLY WEAPONS, PER PERSON (\$100.00)
(___) RECEIVES DIRK, KNIVES, SWORD-CANE, BRASS KNUCKLES, OR PISTOLS

IN PAWN (\$250.00)

MACHINES:

_____ # OF POSTAGE MACHINES (\$2.00 EACH)
_____ # OF CIGARETTE MACHINES (\$2.50 EACH)
_____ # OF OTHER MACHINES REQUIRING THE DEPOSIT OF A COIN OF
MORE THAN TWENTY CENTS (\$0.20) (\$10.00 EACH)
_____ # OF OTHER MACHINES REQUIRING THE DEPOSIT OF A COIN OF
TEN CENTS (\$0.10) AND NOT MORE THAN TWENTY CENTS (\$0.20) (\$7.50 EACH)
_____ # OF AMUSEMENT MACHINES (\$45.00 EACH)
_____ # OF MUSIC/PICTURE MACHINES (\$27.00 EACH)
_____ # OF HOBBY HORSE/CHILDREN'S RIDES (\$18.00 EACH)

OTHER INFORMATION:

**WILL THIS BUSINESS BE OPERATED FROM YOUR HOME OR A RESIDENTIAL
BUILDING?** _____

**WILL THIS BUSINESS SELL, SERVE, OR PREPARE FOOD FOR PUBLIC
CONSUMPTION?** _____

**IF YES, HAVE YOU BEEN ISSUED A FOOD PERMIT BY THE MISS.
DEPARTMENT OF HEALTH?** _____

**WILL YOU BE MAKING ANY EXTERIOR OR INTERIOR CHANGES TO THE
BUILDING?** _____

IF YES, PLEASE DESCRIBE IN DETAIL CHANGES BELOW:

**PLEASE PROVIDE IN DETAIL A DESCRIPTION OF YOUR BUSINESS (WITH
SPECIFICITY):**

ACKNOWLEDGEMENT (PLEASE PRINT & SIGN):

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING A BUSINESS / PRIVILEGE LICENSE, AND DETERMINING THE AMOUNT DUE, IS TRUE AND CORRECT.

APPLICANT SIGNATURE
(OWNER/CORPORATE AGENT)

DATE

APPLICANT'S NAME & AFFILIATION WITH BUSINESS
(OWNER/CORPORATE AGENT)

IMPORTANT: NOTARIZATION IS REQUIRED FOR ORIGINAL APPLICATIONS, AS WELL AS UPDATES/CHANGES TO INFORMATION ON ANNUAL RENEWALS.

NOTARIZED:

DATE

[NOTARY SEAL]

IMPORTANT:

THE ABOVE APPLICATION IS REQUIRED UNDER TITLE 27, CHAPTER 17, MISSISSIPPI CODE ANN. OF 1972 TO OPERATE A BUSINESS. NO LICENSE WILL BE ISSUED WITHOUT A PROPERLY EXECUTED APPLICATION. THE TAX COLLECTOR (CITY CLERK) IS REQUIRED TO KEEP ON FILE FOR THREE YEARS. ALL LICENSES WILL EXPIRE ON SEPTEMBER 30, REGARDLESS OF DATE ISSUED. LICENSE MUST BE RENEWED BY THIS DATE ANNUALLY TO AVOID PENALTIES (10% + 1% PER MONTH). IT IS YOUR RESPONSIBILITY TO SEE THAT THIS TAX IS PAID ON TIME. A COLLECTOR WILL NOT MAKE A PERSONAL CALL TO COLLECT UNLESS LICENSE IS DELINQUENT.

PAYMENT (IN THE FORM OF A CHECK OR MONEY ORDER, MADE OUT TO "CITY OF GLUCKSTADT") AND ALL REQUIRED DOCUMENTATION MUST ACCOMPANY THIS APPLICATION TO BE APPROVED. ANY RETURNED CHECKS FOR INSUFFICIENT FUNDS WILL CARRY A \$30.00 PENALTY.

PLEASE KEEP A COPY OF YOUR APPLICATION & RECEIPT ON FILE FOR YOUR RECORDS.

SCHEDULE A – INVENTORY ASSESSMENT TABLE
WHOLESALE AND RETAIL ONLY

ASSESSED VALUE IS DETERMINED AS IT APPEARS ON THE MOST RECENT
PERSONAL PROPERTY TAX STATEMENT OR IF ASSESSED VALUE IS
UNAVAILABLE, THE ESTIMATED ASSESSED VALUE MAY BE CALCULATED AS
FOLLOWS (ESTIMATED ASSESSED VALUE = TRUE INVENTORY VALUE X 15%)

<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</u>
\$0 - \$7,000	\$20.00
\$7,001 - \$10,000	\$25.00
\$10,001 - \$12,000	\$32.50
\$12,001 - \$15,000	\$40.00
\$15,001 - \$20,000	\$50.00
\$20,001 - \$25,000	\$62.50
\$25,001 - \$30,000	\$75.00
\$30,001 - \$40,000	\$92.50
\$40, 001 - \$50,000	\$150.00
\$50, 001 - \$60,000	\$200.00
\$60, 001 - \$70,000	\$250.00
\$70, 001 - \$80,000	\$300.00
\$80, 001 - \$90,000	\$340.00
\$90, 001 - \$100,000	\$380.00
\$100, 001 - \$125,000	\$440.00
\$125, 001 - \$150,000	\$560.00
\$150, 001 - \$175,000	\$680.00
\$175, 001 - \$200,000	\$800.00
\$200, 001 - \$225,000	\$920.00

\$225,001 - \$250,000	\$1,040.00
\$250,001 - \$300,000	\$1,200.00
\$300,001 - \$350,000	\$1,360.00
\$350,001 - \$400,000	\$1,520.00
\$400,001 - \$450,000	\$1,680.00
\$450,001 - and over	\$1,840.00

SCHEDULE B – EMPLOYEES
ALL OTHER BUSINESSES

<u>NON-MANUFACTURER</u>	
<u>EMPLOYEES</u>	<u>FEE</u>
0 – 3	\$20.00
4-10	\$30.00
11 or MORE	\$30 + \$3.00 PER EMPLOYEE OVER 10 *NOT TO EXCEED \$150.00*

<u>MANUFACTURER</u>	
<u>EMPLOYEES</u>	<u>FEE</u>
0 – 3	\$20.00
4-10	\$30.00
11 OR MORE	\$30 + \$3.00 PER EMPLOYEE OVER 10 *NOT TO EXCEED \$80.00*

OFFICE USE ONLY

APPLICATION APPROVED: (____) YES (____) NO

SIGNATURE OF CITY /DEPUTY CLERK

DATE

LICENSE NO. _____

ADDITIONAL NOTES: