

Account Number

PRIVILEGE LICENSE APPLICATION
THIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED AND ALL
QUESTIONS ANSWERED

Expiration Date

TYPE OF BUSINESS

WHOLESALE RETAIL SERVICE
SELLING MANUFACTURING
CORPORATION PARTNERSHIP INDIVIDUAL
APPLICANT

Name
Address

TELEPHONE

BUSINESS LOCATION

OWNER OR PARTNERS (If Partnership)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS?
KIND OF BUSINESS (PLEASE BE SPECIFIC)

STATE SALES TAX ID NUMBER

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED PRIOR TO EXPIRATION DATE TO AVOID PENALTY

TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS

(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).

ENTER THE TOTAL HERE AND ON THE REVERSE SIDE IN BLOCK A.

WHOLESALE - RETAIL

- 1. AMOUNT OF ASSESSED INVENTORY (TO THE NEAREST DOLLAR).
2. IF YOU SELL BEER, THE STATE FEE IS \$15.00 CITY OR \$30.00 FOR COUNTY.
3. DO YOU HAVE GAME MACHINES? IF SO, HOW MANY? (\$45.00 EACH)
4. DO YOU HAVE VENDING MACHINES? NUMBER AT \$10.00 EACH NUMBER AT \$7.50 EACH
5. DO YOU HAVE KIDDY RIDES? IF SO, HOW MANY? (\$18.00 EACH)
6. DO YOU HAVE MUSIC MACHINES? IF SO, HOW MANY? (\$27.00 EACH)
7. DO YOU SELL FOOD? IF SO, PLEASE ENCLOSE A COPY OF YOUR FOOD PERMIT.

OTHER THAN WHOLESALE - RETAIL

- 8. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE
9. MANUFACTURER'S FEE
10. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9)

AFFIDAVIT

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 BY REMITTANCE PAYABLE TO:
FOR ADDITIONAL INFORMATION

Phone:

601-859-4331

Delta/plc - PLMRPTAP/MS-3

CITY OF CANTON
CITY CLERK OFFICE
P. O. BOX 1605
CANTON, MS 39046

A. TOTAL NUMBER OF FULL TIME EMPLOYEES A.

SCHEDULE A – INVENTORY ASSESSMENT

IF YOU ARE A WHOLESALE OR RETAIL STORE 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, ADD THE ESTIMATED ASSESSED VALUE OF YOUR INVENTORY IN NO. 1 ON THE FRONT PAGE OF THIS APPLICATION. (ESTIMATED ASSESSED VALUE WILL BE 15% OF THE ESTIMATED TRUE VALUE).

then, determine the amount of tax you owe by applying the assessed value of your inventory to the schedule listed below.

<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</u>	<u>ASSESSED VALUE OF INVENTORY</u>	<u>PAY THIS AMOUNT</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		

**SCHEDULE B – ALL BUSINESS
OTHER THAN MANUFACTURERS & WHOLESALE RETAIL STORES)**

SCHEDULE C – MANUFACTURERS

<u>CODE</u>	<u>EMPLOYEES</u>	<u>FEE</u>	<u>EMPLOYEES</u>	<u>FEE</u>
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
27-17-392	TRAVEL AGENCY			\$200.00
27-17-415	WEAPONS, DEALERS IN DEADLY			\$100.00

SCHEDULE D – VENDING MACHINES

Postage Machines	\$2.00 each
Cigarette Machines	\$2.50 each
All other machines requiring deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢)	\$7.50 each
All other machines requiring the deposit of a coin of more than twenty cents (20¢)	\$10.00 each

Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner _____	Type of Machine * _____
Owner's Address _____	
Responsible Party for Taxes _____	Item Cost ** _____
Vending Machine Owner _____	Type of Machine * _____
Owner's Address _____	
Responsible Party for Taxes _____	Item Cost ** _____
Vending Machine Owner _____	Type of Machine * _____
Owner's Address _____	
Responsible Party for Taxes _____	Item Cost ** _____

* Type of Vending Machine – Air; 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 the machine.