



PRIVILEGE LICENSE APPLICATION

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

Form with fields: Account Number (City use only), Expiration Date (City use only), Business Name, Applicant Name, Mailing Address, Business Location, Type of Business (check all that apply), Name of Partners If Applicable, Kind of Business, When to begin operations, MS State Sales Tax No, Phone Number, Enter the Total Number of Employees, After-Hrs or Emergency Phone Number, 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, Email Address.

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)

Privilege License Application Checklist

New Business / Location Change / Business Type Change

Notice: All items checked below must be obtained or approved before your license may be issued. * This form must be returned with your application.*****

PLANNING & ZONING

601.445.7518

(Second Floor – City Hall)

Zoning: Approved _____ Zoning Type _____ Denied _____
Classification: Business Type: _____
Home Occupation: Approved _____ Denied _____
Public Hearing: Case Number: NPC _____ PC _____ Date: _____

Department Signature

Date

BUILDING INSPECTION

601.445.7512

(Basement – City Hall)

Certificate of Occupancy Once Issued, Bring Copy Not Applicable _____
Technical License Issued _____ On File _____

Department Signature

Date

DEPARTMENT OF HEALTH

601.445.4601

(415 Highway 61 North)

Food Permit / Health Permit

Once Issued, Bring Copy

NOTICE: This is an annual requirement

STATE TAX COMMISSION

601.833.4761

(P.O. Box 3999 Brookhaven, MS 39603) (Fax 601.833.3096)

MS Sales Tax Number If issued, supply number on attached application
If applied for, bring copy of application

For additional information about licensing a business, contact the City Clerk's Office at 601.445.7501

**Privilege License Types
(detailed on reverse of License Application)**

SCHEDULE A – RETAIL OR WHOLESALE

If you have inventory for sale or resale, you will need to determine the accessed value and pay the appropriate fee based on the value.

**SCHEDULE B – BUSINESS OTHER THAN
RETAIL, WHOLESALE OR MANUFACTURERS – I.E. SERVICES**

This fee process is based on the number of employees on staff at the time of application. Other fees are listed on the application for auto dealers, pawn brokers, etc.

SCHEDULE C – MANUFACTURERS ONLY

The fee process is based on the number of employees at your processing plant at the time of application. Please note that all over 10 employees caps the fee at \$80.00

SCHEDULE D – VENDING MACHINES AT YOUR ESTABLISHMENT

Each type of vending machine is listed on the reverse side of the application to assist you in calculation of the additional license fees.

NOTE:

There are exceptions, therefore, you should contact our office for details on your type of business to determine the correct licensing fee.

Contact Information: City Clerk's Office/Business License @601-445-7501