

**SIGNS & LICENSE DIVISION**

200 South President Street • P.O. Box 22708 • Jackson, MS 39225

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www.naicscode.com

**PRIVILEGE TAX LICENSE
APPLICATION FORM**

Business Name _____
 Business/ Location _____

 (Owner) _____
 Phone Number _____
 Email Address _____

Corporate Name _____
 Mailing _____
 Address _____

 Name of Partners _____
 (If Partnership) _____

Please Circle all that apply:

Retail Store	Change of Address	Corporation	New Application	Cigarettes - \$5.00
Service	Business Name Change	Renewal	Pawnshop	Change of Ownership
Individual	Beer - \$16.00	Pool Hall - \$226.00	Dance Hall - \$226.00	

Kind of Business (Please be specific) _____

Business Hours: From: _____ AM / PM To: _____ AM / PM Days Open: _____ Is this a seasonal business? _____

When did you begin operation of your business in the City of Jackson? _____ Do you operate this business in your home? Yes ___ No ___

If you operate a business in your home, the Zoning Ordinance requires a Home Occupation Permit.

WHOLESALE AND RETAIL STORES

1. If you are a wholesale dealing in the sale of goods, wares, and /or merchandise, you should see Schedule A on the reverse side to determine the amount of tax you owe and enter amount in line 1
 Amount assessed inventory (to the nearest dollar) \$ _____ 1. _____

ALL BUSINESSES OTHER THAN MANUFACTURERS AND WHOLESALE AND RETAIL STORES

2. All businesses other than manufacturers and wholesale and retail stores should see Schedule B on the reverse side to determine the amount of tax you owe and enter amount in line 2
 2. _____
 Total number of full time employees for the past 12 months _____
 Note: The term "employees" mean full-time employees, 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 (hours) per seven day week.

VENDING MACHINES

3. Do you have vending machines? _____
 If so, see Schedule D on the reverse side to determine the amount of tax you owe and enter amount in line 4. 3. _____

4. Add 1. through 4. **TOTAL PRIVILEGE LICENSE FEE DUE** 4. _____

*** THIS FORM MUST BE NOTARIZED.**

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 _____ Date _____

Subscribed and sworn to before me, this the _____ day of _____ 20 _____

SEAL _____