

**PRIVILEGE LICENSE APPLICATION**

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

Account Number

Expiration Date

**TYPE OF BUSINESS**

WHOLESALE \_\_\_\_\_  
RETAIL \_\_\_\_\_  
SERVICE \_\_\_\_\_

SELLING \_\_\_\_\_  
MANUFACTURING \_\_\_\_\_

CORPORATION \_\_\_\_\_  
PARTNERSHIP \_\_\_\_\_  
INDIVIDUAL \_\_\_\_\_

APPLICANT

TELEPHONE

BUSINESS  
LOCATION

OWNER OR  
PARTNERS  
(If Partnership)

Name  
Address

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).  
(SEE SCHEDULE A ON REVERSE SIDE FOR AMOUNT OF FEE AS REQUIRED BY MISSISSIPPI STATUTE) 1.
- 2. IF YOU SELL BEER, THE STATE FEE FOR CITY IS \$15.00. 2.
- 3. DO YOU HAVE GAME MACHINES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$45.00 EACH) 3.
- 4. DO YOU HAVE VENDING MACHINES? \_\_\_\_\_ NUMBER AT \$10.00 EACH \_\_\_\_\_ NUMBER AT \$7.50 EACH \_\_\_\_\_ 4.  
(USE SCHEDULE D ON REVERSE SIDE)
- 5. DO YOU HAVE KIDDY RIDES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$18.00 EACH) 5.
- 6. DO YOU HAVE MUSIC MACHINES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$27.00 EACH) 6.
- 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  
(USE SCHEDULE B ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE) 8.
- 9. MANUFACTURER'S FEE  
(USE SCHEDULE C ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.) 9.
- 10. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9) 10.

**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:

228-466-2549

CITY OF WAVELAND  
PRIVILEGE LICENSES  
P O BOX 539  
WAVELAND MS 39576

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.

ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENTORY	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		

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

CODE	EMPLOYEES	FEE	EMPLOYEES	FEE
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.