

APPLICATION FOR PRIVILEGE LICENSE CITY OF OLIVE BRANCH, MISSISSIPPI

MUST BE SIGNED AND RETURNED WITH REMITTANCE

CITY OF OLIVE BRANCH
9200 PIGEON ROOST
OLIVE BRANCH, MS 38654
662-892-9238

____ Name Change Only
____ Address Change Only
____ New Ownership
____ Other _____

LICENSE WILL EXPIRE ON:
September 30, _____

APPLICATION IS HEREBY MADE FOR PRIVILEGE LICENSE TO BE ISSUED IN THE NAME OF:

Ownership status:

COMPANY NAME _____
MAILING ADDRESS _____

Individual _____
Partnership _____
Corporation _____
LLC _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE # _____

FAX PHONE # _____

EMAIL _____

BUSINESS START DATE _____

WEBSITE _____

TO ENGAGE IN BUSINESS IN THE TRADE NAME OF: **(DBA)**

IF BUSINESS IS A PARTNERSHIP, THE NAMES OF EACH PARTNER ARE: _____

AT (LOCATION) _____

FULL NAME AND HOME ADDRESS OF APPLICANT

TYPE OF BUSINESS _____

NAME _____

		DO NOT WRITE BELOW
BUSINESS LICENSE FEE AMOUNT	\$	CALL FOR FEE
NUMBER OF FULL TIME EMPLOYEES		
BEGINNING INVENTORY (IF RETAIL)	\$	
DO YOU SELL BEER? WEAPONS?		
NUMBER OF VENDING MACHINES		
NUMBER OF CARS-FOR RENT/HIRE?		
NUMBER OF AMUSEMENT MACHINES		
ALSO, IF COMMERICAL BUILDING, ADD:		
USE & OCCUPANCY FEE	\$25.00	
RECORDING FEE FOR U & O	\$1.00	
PENALTY CHARGE- _____	TOTAL	\$ _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER _____

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

APPLICANT SIGNATURE _____

AFFIDAVIT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE _____ DAY OF _____ 20____.

FOR CITY USE ONLY _____

DEPUTY CLERK

FEDERAL TAX ID #:

STATE SALES TAX ID #:

INSTRUCTIONS TO APPLICANT

THE ABOVE APPLICATION IS REQUIRED UNDER TITLE 27, CHAPTER 17 OF THE MISSISSIPPI CODE 1972 TO OPERATE A BUSINESS. NO LICENSE WILL BE ISSUED WITHOUT A PROPERLY EXECUTED APPLICATION. THE TAX COLLECTOR 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 EACH YEAR TO AVOID PENALTIES. 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.

IF BUSINESS INVOLVES RETAIL SALES, INCLUDE A COPY OF THE INVENTORY'S APPROXIMATE VALUE AND THE MS SALES TAX NUMBER.

IF BUSINESS INVOLVES THE SALE OF FOODS PREPARED ON THE PREMISES, INCLUDE A COPY OF THE HEALTH DEPARTMENT CERTIFICATE.