	Acc	t. No.					Expiration Date
			PRIVILEGE LI	PRIVILEGE LICENSE APPLICATION			
	THIS APPLICATION REQUIRED BY LAW						
	FORM MUST BE COMPLETED & ALL QUESTIONS ANSWERED						
			QOESTI	ONS ANSWERED			
NAME			7	APPLICANT			
NAIVIE				AFFLICANT			
ADDR	ESS			BUSINESS			
	1			LOCATION			
				TELEPHONE			
			TYPE	OF BUSINESS			
WHOL	ESALE	SELLING	CORPORATION	NAME OF			
RETAIL		MANUFACTUR	The state of the s	PARTNERS			
SERVI	CE		INDIVIDUAL _	(IF PARTNERSHIP)			
	WHEN WILL/D	OID YOU BEGIN (PERATION OF YOUR BUSINESS	N THE CITY			
		INESS (PLEASE B					
	STATE SALES	S TAX ID NUMBE	······································				*:
	LICENSE MUST	BE RENEWED AND	PAYMENT RECEIVED PRIOR TO EXPIR	RATION DATE TO AVOID PEN	ALTY.		
	TOTAL NUMB	ER OF FULL-TIM	E EMPLOYEES FOR THE PAST TV	/FLVE (12) MONTHS			
	/ NOTE: The te	rm "employee" mear	s full-time employees and, with respect to	a professional firm or clinic, al	so includes all partner	s; however,	
	\ such t	erm excludes seasor	al employees. The term "full-time" means ENTER THE TOTAL HERE		A STATE OF THE PERSON OF THE P		
	经济办代	一个的一种是"	WHOL	ESALE - RETAIL		en al la proprie	PANALTA AND
1.	AMOUNT OF A	SSESSED INVENT	ORY TO THE NEAREST DOLLAR:)				
Tel - 1			SIDE FOR AMOUNT OF FEE AS REQU	JIRED BY MISSISSIPPI STA	TUTE.)	1.	
2.	IF YOU SELL L	GHT WINE/BEER,	CITY FEE IS (MUST ENCLO	SE A COPY OF VALID STAT	E BEER LICENSE)	2.	
3.	DO YOU HAVE	GAME MACHINES	?IF SO, HOW M.	ANY? (S	645.00 EACH)	3.	
4.	DO YOU HAVE	VENDING MACHIN	IES? NUMBER AT \$10.00 EAC		O EACH	4.	
5.	(SEE SCHEDULE B	ON REVERSE SIDE.)	IF SO, HOW MA				
						5.	
6.	DO YOU HAVE	MUSIC MACHINES	S? IF SO, HOW M.			6.	
7.	DO YOU SELL	FOOD?	IF SO, PLEASE EN				
	OTHER THAN WHOLESALE - RETAIL						の存在では200円 R. A.
8.			EPT MANUFACTURER'S) FEE SIDE TO DETERMINE AMOUNT OF F	EE.)		8.	
9.	MANUFACTUR		SIDE TO DETERMINE AMOUNT OF F	EE\		9.	
	(OOL OONEDO	LE O ON TIEVENSE	SIDE TO DETERMINE AMOUNT OF T	·		10.	
10.	TOTAL PRIVILE	GE LICENSE FEE	DUE (ADD BLOCKS 1 THRU 9)			→ · · · · · · · · · · · · · · · · · · ·	
Name of the last				AFFIDAVIT			and the second s
		HAT ALL INFORMA E AND CORRECT.	TION GIVEN ON THIS APPLICATION		CURING A PRIVILE	GE LICENSE, AND	DETERMINING THE
AIVIUL	NAT DOE, IS THU	L AND CORNECT.					

Expiration Date

CITY OF LOUISVILLE

P.O. BOX DRAWER 510

LOUISVILLE, MS 39339

662-773-9201

PHONE

FOR ADDITIONAL INFORMATION,

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO

662-773-9201

Δ	TOTAL	NUMBER	OF FULL	-TIME	EMPI	OVEES

Δ	
,	

SCHEDULE A - INVENTORY ASSESSMENT TABLE

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 ESTIMATED ASSESSED VALUE INVENTORY IN NO. 1 ON FRONT PAGE OF APPLICATION, (ESTIMATED ASSESSED VALUE WILL BE 15% OF ESTIMATED TRUE VALUE).

Then, determine the amount of tax you owe by applying assessed value of your inventory to schedule listed below.						
ASSESSED VALUE	E OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENT	TORY PAY THIS AMOUNT		
\$7,001 - \$10,000 \$10,001 - \$12,000 \$12,001 - \$15,000 \$15,001 - \$20,000 \$20,001 - \$25,000 \$25,001 - \$30,000 \$30,001 - \$40,000 \$40,001 - \$50,000 \$50,001 - \$60,000 \$60,001 - \$70,000 \$70,001 - \$80,000		\$25.00 \$32.50 \$40.00 \$50.00 \$62.50 \$75.00 \$92.50 \$150.00 \$200.00 \$300.00	\$100,001 - \$125,000	\$380.00 \$440.00 \$560.00 \$680.00 \$800.00 \$920.00 \$1,040.00 \$1,360.00 \$1,520.00 \$1,680.00 \$1,840.00		
(OTHE		B - ALL BUSINESS RS & WHOLESALE/RETAIL STORES)	SCHEDULE C	C - MANUFACTURERS		
CODE 27-17-009	EMPLOYEES 0 - 3 4 - 10 OVER 10	FEE \$20.00 \$30.00 \$3.00 PER EMPLOYEE NOT TO EXCEED \$150.00	EMPLOYEES 0 - 3 4 - 10 OVER 10	FEE \$20.00 \$30.00 \$80.00		
(B) WHOLES		\$15.00 (CLASS 1) \$10.00 (CLASS 2) \$5.00 (CLASS 3 - C \$250.00 DLY WEAPONS \$250.00 IN DEADLY \$100.00	0			
	JBS - FOR EACH PLACE		0.00			
For each cigar All other mach All other mach For each mach	ette machineines requiring the de ines requiring the de ines requiring the depo ine requiring the depo	eposit of a coin of more than twe eposit of a coin of ten cents (10¢) esit of a token, coin, or coins, of Fi	nty cents (20¢) and not more than twenty cen ve Cents (5 cent(s)) and less tha	\$2.50 \$10.00 each ats (20¢)\$7.50 each		
Please list each Vending Machine separately. (Attach additional sheet if needed). Vending Machine OwnerType of Machine*Type of Machine*						
Responsible P Vending Mach	Owner's Address					
Responsible P Vending Mach	arty for Taxes ine Owner		It Type of	em Cost** Machine*		
Responsible F	arty for Taxes		Ite	em Cost **		

Type of Vending Machines - Air; Vacuum; 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 machine.