

**CITY OF COLUMBUS
COLUMBUS, MS
APPLICATION FOR PRIVILEGE LICENSE**

BUSINESS TRADE NAME _____ PHONE _____
 LOCATION _____ MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
 IS PHYSICAL LOCATION WITHIN CITY LIMITS? YES ___ NO ___
 NAME OF OWNER _____
 (PLEASE PRINT)
 NAME OF OFFICERS/PARTNERS _____
 IS THE BUSINESS: NEW ___ EXISTING ___ IF ACQUIRING AN EXISTING BUSINESS, GIVE THE PREVIOUS OWNERS NAME: _____
 TYPE OF BUSINESS: _____
 DESCRIBE TRADE, PROFESSION, OR SERVICE RENDERED) _____
 ARE YOU SELLING MERCHANDISE? ___ EXPLAIN _____

MS SALES TAX NO. _____

<u>STOCK/INVENTORY</u>	\$ _____	\$ _____
<u>BEER</u>	\$15.00	\$ _____
<u>DELI</u>		\$ _____
<small>(0-3 \$20.00 4-10 \$30.00 Over 10 \$3.00 per employee maximum \$150.00)</small>		
<u>MANUFACTURE</u>	0-3 \$20.00 4-10 \$30.00 11 or more \$80.00	\$ _____
<u>OTHER BUSINESS</u>	Number of Employees _____	\$ _____
<small>(0-3 \$20.00 4-10 \$30.00 Over 10 \$3.00 per employee maximum \$150.00)</small>		
<u>TRAVEL AGENCY</u>	Number of Employees _____	\$ _____
<small>(0-3 \$20.00 4-10 \$30.00 Over 10 \$3.00 per employee maximum \$150.00)</small>		

RETURN APPLICATION TO
 CITY OF COLUMBUS
 BUILDING INSPECTION DEPARTMENT
 1621 MAIN STREET
 P. O. BOX 1408
 COLUMBUS, MS 39703

PH: (662) 245-5055
 FAX: (662) 245-5080

VENDING MACHINES:

10¢ to 20¢	\$ 7.50	Number _____ @ \$ 7.50 ea.	\$ _____
More than 20¢	\$10.00	Number _____ @ \$10.00 ea.	\$ _____

AMUSEMENT MACHINES:

Kiddie Rides	Number _____ @ \$ 18.00 ea.	\$ _____
Music Machines	Number _____ @ \$27.00 ea.	\$ _____
All Other Games or Amusement Machines	Number _____ @ \$ 45.00 ea.	\$ _____

VEHICLES FOR HIRE OR RENT: Number _____ @ \$15.00 ea. \$ _____

PAWN BROKER: \$250.00 \$ _____
 Dealer in Weapons \$100.00 \$ _____
 Receives Deadly Weapons \$250.00 \$ _____

PAY FEES TO TAX OFFICE ONLY _____ LICENSE TOTAL \$ _____

IMPORTANT NOTICE: THE ISSUANCE OF A PRIVILEGE LICENSE SHALL NOT MAKE LAWFUL ANY BUSINESS WHICH IS CONTRARY TO THE LAWS OF THE STATE OF MISSISSIPPI OR ANY ORDINANCE OF THE MUNICIPALITY. (SECTION 27-17-473, MS CODE OF 1972).

AFFIDAVIT

I, the undersigned, apply to the Secretary/Treasurer of the City of Columbus, MS for the privilege of engaging in business in Columbus, MS. I hereby declare under penalty of perjury that all information given on this application for the purpose of securing a Privilege License and determining the amount is to my knowledge true and correct.

SIGNATURE: _____ TITLE _____ DATE _____

ZONING OFFICIAL: APPROVED _____ DISAPPROVED _____
 REMARKS: _____

ZONING OFFICIAL SIGNATURE: _____ DATE _____

BUILDING INSPECTOR: APPROVED _____ DISAPPROVED _____
 REMARKS: _____

BUILDING INSPECTOR SIGNATURE: _____ DATE _____

FIRE PREVENTION OFFICIAL: APPROVED _____ DISAPPROVED _____
 REMARKS: _____

FIRE PREVENTION OFFICIAL SIGNATURE: _____ DATE _____