

CITY OF TUPELO PRIVILEGE LICENSE
APPLICATION FOR NEW OR RENEWAL OF LICENSE



PO BOX 1485, TUPELO, MS 38802-1485
 71 EAST TROY STREET, TUPELO, MS 38804
 Phone (662)841-6505

CHECK HERE IF YOUR INFORMATION HAS CHANGED _____

LICENSE #: _____ EXPIRATION DATE: **SEPTEMBER 30**
 BUSINESS NAME: _____ DBA: _____

LOCATION: _____
 MAILING ADDRESS: _____

PHONE: _____ FAX: _____

NAME OF OWNER: _____

NAME OF PARTNERS: _____
 FEDERAL OR MISSISSIPPI TAX ID #: _____

TYPE OF BUSINESS: _____

WHOLESALE OR RETAIL: (Pay from Statement)

INVENTORY: \$ _____ \$ _____

(INVENTORY MULTIPLIED BY 15% TO DETERMINE FINAL FEE"

BEER: \$15.00 \$ _____

MANUFACTURING: Number of Employees: _____ \$ _____
 (0-3 \$20 4-10 \$30 Over 10 \$80)

OTHER BUSINESS: Number of Employees: _____ \$ _____
 (0-3 \$20 4-10 \$30 Over 10 \$3.00 per employee, maximum of \$150.00)

AMUSEMENT OR VENDING MACHINES:

(a machine requiring a coin of less than .20) Number: _____ @ \$7.50 ea. \$ _____

(a machine requiring a coin of more than .20) Number: _____ @ \$10.00 ea. \$ _____

Kiddie Rides: Number: _____ @ \$18.00 ea. \$ _____

Music Machines: Number: _____ @ \$27.00 ea. \$ _____

Vehicles For Hire Or Rent: Number: _____ @ \$15.00 ea. \$ _____

Unspecified Game Machines: Number: _____ @ \$45.00 ea. \$ _____

Dance Floor: Number: _____ @ \$150.00 ea. \$ _____

Pawn Broker: \$250.00 \$ _____

Dealer in Weapons: \$100.00 \$ _____

Received Deadly Weapons: \$250.00 \$ _____

Number of months: _____ Pro Rate Amt: _____ \$ _____

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 due is true and correct.

Signature: _____ Title: _____

Collector or Deputy: _____ Date: _____