

CITY OF DIAMONDHEAD

5000 DIAMONDHEAD CIRCLE
DIAMONDHEAD, MS 39525
228-222-4626

NEW APPLICATION
 RENEWAL

TODAY'S DATE



PRIVILEGE LICENSE APPLICATION (FOR ITEMS NOT APPLICABLE INDICATE "N/A") ABOUT THE BUSINESS

FOR OFFICE USE ONLY
License No. _____
Date Issued _____
Amount _____
Expires September 30, 20

Business Trade Name: _____

Business Location: _____
PHYSICAL STREET ADDRESS

Business Mailing Address: _____

Business Telephone Number: _____ Manager Name: _____

MS State Sales Tax Number : _____

(Attach Copy MS State Sales Tax License)

A license will not be issued to a retail business without a State of Mississippi Sales Tax Number Registered in Diamondhead, MS.

ABOUT THE OWNER/APPLICANT

Email Address: _____ Website: _____

Owner/Applicant's Name: _____

Owner/Applicant's Residence

Physical Address _____
(No P. O. Boxes) STREET CITY ST ZIP

Owner/Applicant's Telephone Number: _____ Or: _____

Type of Ownership: Corporation Partnership Sole Ownership

If your business is a partnership or corporation, provide the name of each partner or office: (attach additional sheets if necessary)

| NAME | ADDRESS | TITLE |
|-------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Retail Value of Stock in Inventory _____ **Number of Employees**
Full-Time _____ Part-Time: _____

Describe/explain in detail the business being conducted: _____

Date began at this location _____ Is the application for new location? Yes No

Does your business have any of the following? (If so, how many?)

Pool Tables _____ Music Box _____ Video Games _____ U-Hauls _____ Cigarette Machine _____ Weighing Machine _____
Soft Drink Machine _____ Gum/Candy _____ Postage Stamp Machine _____ Other Vending Machines _____ Kiddie Machines _____

Please specify type of machine and amount needed to operate, (ie., nickel, dime, etc.) _____

Is your business selling/serving beer? Yes No Is your business selling food? Yes No **If yes, provide copy of Food Service Permit**

I would like to be added to City's "E-Blast" list to receive general/important city announcements via the email address provided.

I do solemnly swear that the information given above is true and correct to the best of my knowledge. The total number of full-time employees (30 hours or more in a 7-day week) & partners, including myself as owner for the previous 12 month is _____. I am compliant with and agree to remain in compliance with all City of Diamondhead ordinances. This information is subject to audit by the City of Diamondhead and any person who willfully makes any false statement on an application for a Privilege License shall be guilty of a misdemeanor. (§27-17-453 Miss. Code). I understand that a Privilege License does make legal any act declared illegal by the State of Mississippi.

**PLEASE RETURN THIS APPLICATION SIGNED
BY APPLICANT WHERE INDICATED**

Date: _____

Applicant's Signature

Date Received: _____

Deputy's Signature

NOTARY FOR NEW BUSINESS APPLICATION

SIGNATURE OF APPLICANT

NOTARY PUBLIC

(seal)