

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:
Business Mailing Address:
Business Telephone Number:
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 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. (527-17-453 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)

PRIVILEGE LICENSE TAX CALCULATION

WHOLESALE-RETAIL

1.	*AMOUNT OF ASSESSED INVENTORY (TO THE NEAREST DOLLAR).....	1.
(*SEE SCHEDULE A BELOW FOR FEE AS REQUIRED BY MISSISSIPPI STATUTE)		
2.	IF YOU SELL BEER, STATE IS \$30.00 \$27-71-345.....	2.
3.	DO YOU HAVE GAME MACHINES \$27-27-5(B) _____, IF SO, HOW MANY? _____ x \$45.00 EACH.....	3.
4.	DO YOU HAVE VENDING MACHINES? *IF SO, _____ x \$10.00 EACH _____ x \$7.50 EACH.....	4.
(*SEE SCHEDULE D-VENDING MACHINES)		
5.	DO YOU HAVE KIDDY RIDES \$27-27-5(C) _____, IF SO, HOW MANY? _____ x \$18.00 EACH.....	5.
6.	DO YOU HAVE MUSIC MACHINES \$27-27-5(A) _____, IF SO, HOW MANY? _____ x \$27.00 EACH.....	6.
7.	DO YOU SELL FEED _____ IF SO, PLEASE INCLUDE A COPY OF YOUR FOOD PERMIT.....	7.

OTHER THAN WHOLESALE-RETAIL

8.	OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE.....	8.
(*USE SCHEDULE B BELOW TO DETERMINE FEE)		
9.	MANUFACTURER'S FEE.....	9.
(*USE SCHEDULE C BELOW TO DETERMINE FEE)		
10.	TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCK 1 THRU 9).....	10.

A. TOTAL OF NUMBER OF FULL-TIME EMPLOYEES PAST 12 MONTHS

A.

(NOTE: The term "employee" means full-time employee and, with respect to professional firm or clinic, also includes all partners; however, such terms exclude seasonal employees. The term "full-time" means at least thirty (30) per seven (7) day week.

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, APPLY ESTIMATED ASSESSED VALUE INVENTORY IN LINE ITEM NO. 1. (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 below (\$27-17-365):

ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT
\$0 - \$7,000	\$20.00	\$40,001 - \$50,000	\$150.00	\$175,001 - \$200,000	\$800.00
\$7,001 - \$10,000	\$25.00	\$50,001 - \$60,000	\$200.00	\$200,001 - \$225,000	\$920.00
\$10,001 - \$12,000	\$32.50	\$60,001 - \$70,000	\$250.00	\$225,001 - \$250,000	\$1,040.00
\$12,001 - \$15,000	\$40.00	\$70,001 - \$80,000	\$300.00	\$250,001 - \$300,000	\$1,200.00
\$15,001 - \$20,000	\$50.00	\$80,001 - \$90,000	\$340.00	\$300,001 - \$350,000	\$1,360.00
\$20,001 - \$25,000	\$62.50	\$90,001 - \$100,000	\$380.00	\$350,001 - \$400,000	\$1,520.00
\$25,001 - \$30,000	\$75.00	\$100,001 - \$125,000	\$440.00	\$400,001 - \$450,000	\$1,680.00
\$30,001 - \$40,000	\$92.50	\$125,001 - \$150,000	\$560.00	\$450,001 - \$300,000	\$1,200.00
		\$150,001 - \$175,000	\$680.00	\$450,001 and over	\$1,840.00

SCHEDULE B - ALL BUSINESS

(OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)

CODE	EMPLOYEES	FEE	
\$27-17-009	0-3	\$20.00	
	4-10	\$25.00	
	OVER 10	\$ 3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00	
\$27-17-035	AUTO RENTAL	\$15.00 (CLASS 1) \$10.00 (CLASS 2) \$ 5.00 (CLASS 3 - CLASS 7)	
	\$27-17-299	PAWN BROKER	\$250.00
	\$27-17-299	ADDITIONAL TAX DEADLY WEAPONS	\$250.00
\$27-17-392	TRAVEL AGENCY	\$200.00	
\$27-17-715	WEAPONS, DEALERS IN DEADLY	\$100.00	

SCHEDULE C - ALL BUSINESS

MANUFACTURERS

EMPLOYEES	FEE	
0-3	\$20.00	
4-10	\$30.00	
OVER	\$80.00	
\$27-17-299	ADDITIONAL TAX DEADLY WEAPONS	\$250.00
\$27-17-392	TRAVEL AGENCY	\$200.00
\$27-17-715	WEAPONS, DEALERS IN DEADLY	\$100.00

SCHEDULE D - VENDING MACHINES

For each postage machine -