

PRIVILEGE LICENSE APPLICATION

THIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED & ALL
QUESTIONS ANSWERED

NAME _____ ADDRESS _____ _____ _____	APPLICANT _____ BUSINESS LOCATION _____ TELEPHONE _____
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DUE DATE _____	TYPE OF BUSINESS	NAME OF PARTNERS (IF PARTNERSHIP)
<input type="checkbox"/> WHOLESALE <input type="checkbox"/> SELLING <input type="checkbox"/> CORPORATION <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SERVICE <input type="checkbox"/> INDIVIDUAL		_____

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED BY THE LAST DAY OF THE MONTH TO AVOID 10% PENALTY.

TOTAL NUMBER OF FULL TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS.

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

SEE SCHEDULE (B) ON BACK

WHOLESALE - RETAIL	
1. AMOUNT OF ASSESSED INVENTORY (TO THE NEAREST DOLLAR:) (USE SCHEDULE A ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE. WRITE AMOUNT IN BLOCK 1)	1.
2. IF YOU SELL BEER (RETAIL), ADD \$100.00. (WRITE IN BLOCK 2)	2.
3. IF YOU SELL DEADLY WEAPONS (EXCEPT PAWN BROKERS), ADD \$100.00. (WRITE IN BLOCK 3)	3.

OTHER THAN WHOLESALE - RETAIL	
4. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURERS) FEE (USE SCHEDULE B OR SCHEDULE D TO DETERMINE AMOUNT OF FEE. WRITE AMOUNT IN BLOCK 4)	4.
5. IF YOU SELL BEER (ON PREMISE), ADD \$500.00.	5.
6. MANUFACTURERS FEE (USE SCHEDULE C TO DETERMINE AMOUNT OF FEE. WRITE AMOUNT IN BLOCK 6)	6.
7. PREVIOUS YEAR(S) DUE	7.
8. 10% PENALTY (PLUS 1% PER MONTH)	8.
9. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9)	9.

AFFIDAVIT

I HEREBY CERTIFY 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 _____ DATE _____

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO

FOR ADDITIONAL INFORMATION, PHONE **662-286-1337**

City of Corinth Tax Department
P.O. Box 669
Corinth, MS 38835-0669

SCHEDULE A - INVENTORY ASSESSMENT TABLE

IF YOU ARE A WHOLESALE OR RETAIL STORE DEALING IN THE SALE OF GOODS, WARES AND/OR MERCHANDISE:

First, determine the assessed value of your inventory. In computing this tax, the value of stock shall be taken at its assessed value (approximately 15% of the true value) and shall include goods held on consignment.

Then, determine the amount of tax you owe by applying the assessed value of your current inventory to the schedule listed below.

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

SCHEDULE B - ALL BUSINESS (OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORE)

EMPLOYEES	FEE
0-3	\$20.00
4 - 10	\$30.00
OVER 10	\$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00

SCHEDULE C - MANUFACTURERS

EMPLOYEE	FEE
0 - 3	\$20.00
4-10	\$30.00
OVER 10	\$80.00

SCHEDULE D - OTHER/MISCELLANEOUS

PAWN BROKER	250.00
PAWN BROKERS (who receive in pawn any deadly weapons)	500.00
Dealers in deadly weapons (other than pawn brokers)	100.00
Plumbers	20.00
Electricians	20.00
Gas Fitters	20.00
Taxi Cabs (per car)	5.00