

# 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

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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: \_\_\_\_\_