



City of Yazoo City

Founded 1839

www.cityofyazoocity.org

Account Number:	Expiration Date:
-----------------	------------------

Privilege License Application

This application required by law. Form must be completed with all questions answered.

Name	Applicant
	Business Location
	Telephone

Type of Business

- Corporation
 Individual
 Partnership (Name of Partners) _____
 Wholesale
 Retail
 Service
 Manufacturing
 Selling

When will/did you begin operating your business in the City? _____

Kind of business (Please be specific) _____

Sales Tax Identification Number: _____

LICENSE MUST BE RENEWED AND PAYMENT MUST BE RECEIVED PRIOR TO EXPIRATION DATE TO AVOID PENALTY. LICENSE EXPIRES MAY 31 EACH YEAR.

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.)

WHOLESALE - RETAIL

- Amount of assessed inventory to the nearest dollar (see assessment table): _____
- If you sell beer, **City fee is \$15.00.** (Must provide a copy of valid State Beer License) _____
- Do you have vending machines? Yes No _____
 - Number at \$10.00 each _____
 - Number at \$7.50 each _____
- Do you have kiddy rides? Yes No If so, how many? (\$18.00 each) _____
- Do you have music machines? Yes No If so how, how many? _____ (\$27.00) each _____
- Do you sell food? Yes No If so, provide copy of your Food Permit. _____
- Do you have game machines? Yes No If so, how many? _____ (\$45.00 each) _____

OTHER THAN WHOLESALE - RETAIL

- OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE _____
- MANUFACTURER'S FEE _____
- ARE YOU A TRANSIENT VENDOR? Yes No (If yes, the fee is \$250.00) _____
- TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THROUGH 10) _____

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 _____

Date _____

Title: _____

**APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO:
CITY OF YAZOO CITY • P. O. BOX 689 • 128 EAST JEFFERSON STREET • YAZOO CITY, MS 39194**

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, ADD ESTIMATED ASSESSED VALUE INVENTORY IN NO. 1 ON FRONT PAGE OF APPLICATION (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 listed below.

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

SCHEDULE B – ALL BUSINESS (OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)			SCHEDULE C – MANUFACTURERS	
CODE	EMPLOYEES	FEE	EMPLOYEES	FEE
27-17-009	0 – 3	\$ 20.00	0 - 3	\$20.00
	4 – 10	\$ 30.00	4 – 10	\$30.00
	OVER 10	\$ 3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00	OVER 10	\$80.00
27-17-035	AUTO RENTAL	\$15.00 (CLASS 1) \$10.00 (CLASS 2) \$ 5.00 (CLASS 3 – CLASS 7)		
27-17-299A	PAWN BROKER	\$250.00		
27-17-299B	ADD'L TAX, DEADLY WEAPONS	\$250.00		
27-17-392	TRAVEL AGENCY	\$200.00		
27-17-415	WEAPONS, DEALERS IN DEADLY	\$100.00		
27-71-303	BEER	\$ 15.00		

SCHEDULE D – VENDING MACHINES

For each postage machine.....\$2.00
 For each cigarette machine.....\$2.50
 All other machines requiring the deposit of a coin of more than twenty cents (20¢).....\$10.00 each
 All other machines requiring the deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢).....\$7.50 each

Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner _____ Type of Machine* _____
 Owner's Address _____
 Responsible Party for Taxes _____ Item Cost** _____

* Type of Vending Machines – Air, Car Wash, Drinks (soft drinks, coffee, juice, etc.), Food (candy, chips, cookies, sandwiches, etc.), Gum Ball, Newspaper, Personal Items (shampoo, combs, brushes, soap, etc.), Cigarettes, Laundry Products, Postage, and Coin Changers.

** Item Cost – Cost of most expensive item in machine.

FOR ADDITIONAL INFORMATION, PLEASE CONTACT THE CITY CLERK'S OFFICE BY PHONE AT (662) 746-1401, OR BY FAX AT (662) 746-6506