

ACCOUNT

# City of Meridian

P. O. Box 1430  
Meridian, MS 39302

Phone: (601) 485-1961 Fax: (601) 485-1979  
www.meridianms.org

NAICS

## PRIVILEGE LICENSE APPLICATION

PRIVILEGE LICENSE MUST BE RENEWED YEARLY

LOCAL

CORPORATE

D B A \_\_\_\_\_  
Business Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Phone No. \_\_\_\_\_

Bus. Phone No. \_\_\_\_\_ State Sales Tax No. \_\_\_\_\_

Is This A New Business?  Yes  No

What was the total number of employees of the business for the previous 12 months? \_\_\_\_\_

Nature of Business \_\_\_\_\_

Type of Business:  Sole Owner  Partnership  Corporation  LLC

List Name of Owner or Partners and Manager  
\_\_\_\_\_  
\_\_\_\_\_

(See fee schedule on back of this form)

### CITY USE ONLY

The undersigned official of the Meridian Inspection Division certifies that the use as described on this application is in conformity with the Zoning Ordinance of the City of Meridian.

Approved

Disapproved

\_\_\_\_\_  
Building Inspector

\_\_\_\_\_  
DATE

Remarks/Zone \_\_\_\_\_

The undersigned Fire Department official of the City of Meridian certifies that the described premises have been inspected and that the same meet the existing Standard Fire Prevention Code as adopted by the City of Meridian.

Approved

Disapproved

\_\_\_\_\_  
Fire Inspector

\_\_\_\_\_  
DATE

Remarks: \_\_\_\_\_

\_\_\_\_\_  
TAX COLLECTOR

\_\_\_\_\_  
DATE

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 OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Sworn to and subscribed before me, this the

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## SCHEDULE A

If you are a wholesale or retail store, including restaurants, dealing in the sale of goods, wares, and/or merchandise, determine the amount of tax you owe by applying the assessed value of your inventory to the schedule listed below.

Assessed Value is determined as it appears on your personal property tax statement. (Assessed value is 15% of true value.)

Assessed Value of Inventory	Amount	Assessed Value of Inventory	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	\$ 450,000 - and over	\$ 1,840.00
\$ 80,001 - \$ 90,000	\$ 340.00		

## SCHEDULE B - Manufacturing

0 - 3 Employees = \$20.00 \* 4 - 10 Employees = \$30.00 \* Over 10 Employees = \$80.00

## SCHEDULE C

0 - 3 Employees = \$20.00      4 - 10 Employees = \$30.00  
Over 10 Employees - \$3/per employee not to exceed \$150.00

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

## SCHEDULE D

Pawn Broker	\$250.00
Pawn Broker, Deadly Weapons (Additional tax)	\$250.00
Beer - Wholesale	\$ 50.00
Automobiles For Hire or Rent --- No. _____ X \$15.00 =	\$ _____
Transient Vendor - New	\$250.00
Transient Vendor - Renewal	\$25.00
Alarm Service	\$50.00
Street Food Vendor	\$50.00

## SCHEDULE E - Miscellaneous Charges

Beer - Retail	\$15.00 = \$ _____
Dealers in Deadly Weapons	\$100.00 = \$ _____
Optometrist/Diagnostic Pharmaceutical Agents	\$25.00 = \$ _____
Animal Control Inspection	\$10.00 = \$ _____
Machine requiring the deposit of a coin of more than twenty cents(20¢) _____ No. _____ X \$10.00 = \$ _____	
Machine requiring the deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢) _____ No. _____ X \$ 7.50 = \$ _____	
Machine requiring the deposit of a token, coin or coins of five cents (5¢) and less than ten cents (10¢) _____ No. _____ X \$ 5.00 = \$ _____	
Machine requiring the deposit of a token, coin or coins of less than five cents (5¢) _____ No. _____ X \$ 2.50 = \$ _____	
Music or Picture Machine _____ No. _____ X \$27.00 = \$ _____	
Game Machine _____ No. _____ X \$45.00 = \$ _____	
Hobby Horse Ride _____ No. _____ X \$18.00 = \$ _____	
Postage Stamps _____	\$2.00 = \$ _____
Cigarettes _____	\$2.50 = \$ _____
Weighing Machines _____	\$2.00 = \$ _____
	<b>TOTAL = \$ _____</b>

**CALCULATE FEE FROM EITHER SCHEDULE A, B, C, OR D**

**PLUS ANY ADDITIONAL CHARGES FROM SCHEDULE E (IF APPLICABLE)**

Schedule A \$ \_\_\_\_\_  
Schedule B \$ \_\_\_\_\_  
Schedule C \$ \_\_\_\_\_  
Schedule D \$ \_\_\_\_\_  
Schedule E \$ \_\_\_\_\_  
**Total Due \$ \_\_\_\_\_**

**If you sell food, please attach a copy of your Mississippi State Department of Health Food Service Permit**

NOTICE: If any person liable for this tax under the provisions of Mississippi Law shall fail, refuse or neglect to obtain the necessary license and pay such tax prior to commencing in business, or if any person liable for such tax shall fail, refuse or neglect to obtain a new or renewal license and pay the required tax as required by Mississippi Law, then such person shall be liable for the amount of such tax plus a penalty.