APPLICATION FOR PRIVILEGE LICENSE

ALL LICENSES EXPIRE SEPT. 30 REGARDLESS OF DATE ISSUED. PENALTIES APPLY OCT. 1ST.

Original Start Date of Business: _____

Type of Business:
 __Sales __Service __ Manufacture __ Distribution __Vending __Other

Choose One:
_____ Commericial Property
_____ Home Based
_____ Other (   )

Describe your business:_____

Company Name _____

      dba _____

Ownership status:	_____ Individual
	_____ Partnership
	_____ Corporation
	_____ LLC

MAILING Address _____

City _____ **State** _____ **ZIP** _____

LOCATION of Business _____

                                       Olive Branch, MS 38654

_____ # of Full Time Employees
$_____Current Inventory

Account information:

Email: _____   Local Bus. Phone # _____(R)
                                                          Public

Applicant is: _____ Owner _____ Representative   Other Phone # _____
                                                                            Private
      Name _____

Ownership, if diff. _____

Owner or representative's contact information
if different from above:

      _____

      _____

      _____

Yearly Base Fee…………	
other / prorated	
Penalty ………………	
Pay This Amount	$

State Sales Tax Permit #: _____   Federal Tax ID #:_____

I hearby certify that all information given on this application for the purpose of securing a privilege license and determining amount due is true and correct.

Signature	Title (owner, representative, etc.)	Date

*THE ABOVE APPLICATION IS REQUIRED UNDER TITLE 27, CHAPTER 17 OF THE MISSISSIPPI CODE 1972 TO OPERATE A BUSINESS. NO LICENSE WILL BE ISSUED WITHOUT A PROPERLY EXECUTED APPLICATION. THE TAX COLLECTOR IS REQUIRED TO KEEP ON FILE FOR THREE YEARS. *ALL LICENSES WILL EXPIRE ON SEPTEMBER 30, REGARDLESS OF DATE ISSUED. LICENSE MUST BE RENEWED BY THIS DATE EACH YEAR TO AVOID PENALTIES. IT IS YOUR RESPONSIBILITY TO SEE THAT THIS TAX IS PAID ON TIME. A COLLECTOR WILL NOT MAKE A PERSONAL CALL TO COLLECT UNLESS LICENSE IS DELINQUENT.

Payment & required documentation must accompany application.

City of Olive Branch
9200 Pigeon Roost Rd.,
Olive Branch, MS 38654
Ph. 662-892-9238
Fax 662-892-9223
lisa.dawson@obms.us

Office Use: **Acct.#** _____
              CID# _____
              Bill# _____
              Batch# _____
              Serial # _____
              Exp. Date: _____
Z / F / E / Prmt / Pro

AFFIDAVIT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE _____DAY OF

_____ 20_____.

_____