

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

Describe your business: _____

Company Name _____

dba _____

MAILING Address _____

City _____ State _____ ZIP _____

LOCATION of Business _____

Olive Branch, MS 38654

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 hereby 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
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*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.#** _____ **AFFIDAVIT**
CID# _____ SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE _____ DAY OF
Bill# _____
Batch# _____ 20_____.
Serial # _____
Exp. Date: _____

Z / F / E / Prmt / Pro