



PRIVILEGE LICENSE APPLICATION
THIS APPLICATION REQUIRED BY LAW
MUST BE COMPLETED & ALL
QUESTIONS ANSWERED
(MINIMUM 24 HOUR WAITING PERIOD)

ACCOUNT NUMBER _____

DATE OF APPLICATION _____

BUSINESS NAME _____ OWNER'S NAME _____

BUSINESS ADDRESS _____ SOCIAL SECURITY # _____

MAILING ADDRESS _____ HOME ADDRESS _____

BUSINESS TELEPHONE _____ HOME TELEPHONE _____

TYPE OF BUSINESS

HOME OCCUPATION: YES / NO OWN RENT

PARTNERSHIP CORPORATION INDIVIDUAL TRANSIENT VENDOR
WHOLESALE MANUFACTURING SELLING SERVICE RETAIL

NAME OF PARTNERS _____

(IF PARTNERS, PLEASE LIST NAMES & SOCIAL SECURITY NUMBERS)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY? _____

KIND OF BUSINESS (PLEASE BE SPECIFIC) _____

STATE TAX ID NUMBER _____ (ATTACH COPY OF YOUR PERMIT FROM THE STATE

FEDERAL TAX NUMBER _____ TAX COMMISSION)

SALES TAX NUMBER _____

DO YOU CONFORM TO ALL GUIDELINES SET BY STATE STATUE? _____

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED BY DECEMBER 31ST OF EACH YEAR TO AVOID 10% PENALTY, THE FIRST MONTH, AND THEREAFTER, A PENALTY OF ONE PERCENT (1%) PER MONTH OR PART THEREOF DURING WHICH THE TAX REMAINS DELINQUENT.

TOTAL NUMBER OF FULL-TIME EMPLOYEES _____ FOR THE PAST 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) _____

DO YOU SELL BEER? (ATTACH COPY OF STATE BEER PERMIT) _____

DO YOU OWN AMUSEMENT MACHINES? _____

TOBACCO TAX (DO YOU SELL TOBACCO PRODUCTS?)(ATTACH COPY OF STATE TOBACCO PERMIT) _____

DO YOU SELL FOOD? (ATTACH COPY OF YOUR FOOD PERMIT FOR THIS LOCATION) _____

DO YOU HAVE VENDING MACHINES? _____ IF SO, HOW MANY? _____

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 _____ TITLE _____ DATE _____

THIS SPACE FOR USE BY TAX COLLECTOR

NEW _____

LICENSE FEE _____

RENEWAL _____

OTHER FEES _____

NAME CHANGE _____

TOTAL AMOUNT DUE _____