

**APPLICATION FOR NEW OR RENEWAL COUNTY PRIVILEGE LICENSE FOR
BOLIVAR COUNTY, MS**

1. Name of Business or Partnership or Corporation: _____

2. Business Location: _____ Bus. Phone #: _____
3. Owner of Business (If partnership, give name of each partner; if corporation, give name of agent):

4. Mailing Address: _____
5. Nature of Business, or Service, to be Conducted: _____

6. List items you will be selling in your Business establishment: _____

7. Will you be selling beer? ** (27-17-303)
Yes _____ No _____
8. Will you be dealing in deadly weapons? (27-17-415)
Yes _____ No _____
9. Pawn Broker: Will you be receiving in pawn any dirks, knives, sword canes,
brass or metal knuckles, or pistols? (27-17-365 Supp.)
Yes _____ No _____
10. True value of inventory (Wholesale or Retail) (27-17-365 Supp.)
Yes _____ No _____
11. Total number of employees (Including the past 12 months): _____
12. Are you required to pay State sales tax? Yes _____ No _____ Not required _____
State Tax # _____
13. Have you paid a privilege license fee to the State, if required in your type business?
Yes _____ No _____ Not required _____
14. Do you have a current health certificate from the Health Department, if required
in your type business?
Yes _____ No _____ Not required _____ (Copy must be submitted with License payment)
15. Travel Agency: Number of representatives or agents: _____
16. Number of automobiles for hire or rent: _____
17. Plumbers: Give your plumbers' license number: _____
18. Electricians: Give your electrician's license number: _____

19. Sales of plants, shrubs or flowers will need a State Plant Board inspection.
Have you obtained this? Yes _____ No _____ Not required _____
20. Number of cigarette machines operating: _____ Do you have State License?
Yes _____ No _____
(27-27-301/Questions 20 & 21)
21. Number of weight or stamp machines: _____
22. Number of vending machines requiring the deposit of a token, coin or coins:
(27-27-301)
- Less than 5¢ _____ 5¢ thru 9¢ _____
10¢ thru 19¢ _____ 20¢ thru more _____

The undersigned hereby applies to the Tax Collector of Bolivar County, Mississippi, for the privilege of engaging in the business, in Bolivar County, Mississippi, as indicated above. I swear or affirm that I own the business or have an ownership interest therein, or if the Application is a corporation, that I am the duly authorized agent of the corporate applicant. I further affirm that this business has had for the previous 12 months the number of full time employees so stated.

TAX COLLECTOR OR DEPUTY

SIGNATURE OF APPLICANT

DATE: _____

NOTICE: Any person who shall willfully make any false statement in an application for a privilege license shall be guilty of a misdemeanor and, upon conviction thereof, shall be required to pay this office damages double the amount of the difference between the tax paid and that which should have been paid, in addition to the fine and imprisonment imposed.
