Account Number

CITY OF MADISON

1004 MADISON AVENUE / P. O. BOX 40 / MADISON, MS 39130-0040
PHONE (601) 856-7116 FAX (601) 856-8786

Expiration Date

PRIVILEGE TAX LICENSE

APPLICATION FORM

Business Name _____
Business _____
Location _____
Licensee _____
Phone Number _____

Corporate Name _____
Mailing _____
Address _____
Contact Name _____
Alt Phone Number _____
MS Sales Tax ID# _____
Email Address _____
Name of Partners _____
(If Partnership) _____

Retail Store ____ Selling ____ Corporation ____
Wholesale Store ____ Service ____ Partnership ____
Manufacturer ____ Individual ____

Kind of Business (Please be specific)_____

Business Hours: From: _____ AM/PM To:_____ AM/PM Days Open:_____ Is this a seasonal business?_____

When did you begin operation of your businss in the City of Madison?_____ Do you operate this business in your home? Yes_____No_____

If you operate a business in your home, the Zoning Ordinance requires a Home Occupation Permit. What is your Home Occupation Permit Number?_____

Wholesale and Retail Stores

1. If you are a wholesale or retail store dealing in the sale of goods, wares and/or merchandise, You should see **Schedule A** to determine the amount of tax you owe and enter amount in 1. 1. _____
   Amount of assessed inventory (to the nearest dollar) $ _____

All Businesses Other than Manufacturers and Wholesale and Retail Stores

2. All businesses other than manufactureres and wholesale or retail stores Should see **Schedule B** to determine the amount of tax you owe and enter amount in 2. 2. _____

   Total number of full-time employees for the past 12 months _____
   Note: The term "employees" 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.

Manufacturers

3. Manufacturers should see **Schedule C** to determine the amount of tax you owe and enter amount in 3. 3. _____

Vending Machines

4. Do you have vending machines? _____
   If so, see **Schedule D** to determine the amount of tax you owe and enter amount in 4. 4. _____

5. Add 1. Though 4.

Total Privilege License Fee Due **5.** _____

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 _____

The city is required by law to collect taxes annually for a Privilege License on all businesses operating in the city. "The term business includes all activities or acts, personal, professional or corporate, engaged in or cause to be engaged in with the object of gain, profit, benefit or advantage, either direct or indirect, or following or engaging in any trade, calling or profession, and all things which occupy the time, attention and labor of individuals for the purpose of livelihood or profit." (Section 27-17-3 Mississippi Code of 1972)

Please complete this application using the fee schedule to determine the taxes due.
The completed, signed application must be accompanied by remittance payable to: **City of Madison, P.O. Box 40, Madison, Mississippi 39130-0040**

SCHEDULE A – INVENTYORY ASSESMENT TABLE

If you are a wholesale or retail store dealing in the sale of goods, wares, and/or merchandise.

ASSESSED VALUE IS DETERMINED AS IT APPEARS ON THE PERSONAL PROPERTY ASSESSMENT ROLLS. IF YOU ARE A NEW BUSINESS, ADD ESTEIMATED ASSESSED VALUE INVENTORY IN NO. 1 OF THE APPLICATION (ESTIMATED ASSESSED VALUE WILL BE 15% OF ESTIMATED TRUE VALUE.)

Then, determine the amount of tax you owe by applying the assessed value of your inventory to the schedule listed below.

ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT
$0 - $7,000	$20.00
$7,001 - $10,000	$25.00
$10,001 - $12,000	$32.50
$12,001 - $15,000	$40.00
$15,001 - $20,000	$50.00
$20,001 - $25,000	$62.50
$25,001 - $30,000	$75.00
$30,001 - $40,000	$92.50
$40,001 - $50,000	$150.00
$50,001 - $60,000	$200.00
$60,001 - $70,000	$250.00
$70,001 - $80,000	$300.00
$80,000 - $90,000	$340.00
$90,001 - $100,000	$380.00
$100,001 - $125,000	$440.00
$125,001 - $150,000	$560.00
$150,001 - $175,000	$680.00
$175,001 - $200,000	$800.00
$200,001 - $225,000	$920.00
$225,001 - $250,000	$1,040.00
$250,001 - $300,000	$1,200.00
$300,001 - $350,000	$1,360.00
$350,001 - $400,000	$1,520.00
$400,001 - $450,000	$1,680.00
$450,001 – and over	$1,840.00

SCHEDULE B – ALL BUSINESS

(Other than manufacturers & wholesale/retail stores)

CODE	EMPLOYEES	FEE
27-17-009	0-3	$20.00
	4-10	$30.00
	Over 10	per employee $3.00
		Not to exceed $150.00
27-17-035	Auto Rental	(Class 1) $15.00
		(Class 2) $10.00
		(Class 3-7) $5.00
27-17-299A	Pawn Broker	$250.00
27-17-299B	Add'l tax, Deadly Weapons	$250.00
27-17-392	Travel Agency	$200.00
27-17-415	Weapons, Dealers in Deadly	$100.00

SCHEDULE C – MANUFACTURERS

EMPLOYEES	FEE
0-3	$20.00
4-10	$30.00
Over 10	$80.00

SCHEDULE D – VENDING MACHINES

For each postage machine……$2.00
For each cigarette machine……$2.50
All other machines requiring the deposit of a coin of more than twenty cents ($.20)……each $10.00
All other machines requiring the deposit of a coin of ten cents ($.10) and not more than twenty cents (.20)……each $7.50

Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner_____ Type of Machine*_____
Owner's Address_____
Responsible Party for Taxes_____ Item Cost**_____

Vending Machine Owner_____ Type of Machine*_____
Owner's Address_____
Responsible Party for Taxes_____ Item Cost**_____

Vending Machine Owner_____ Type of Machine*_____
Owner's Address_____
Responsible Party for Taxes_____ Item Cost**_____

*Type of Vending Machines – Air, Vacuum; Car Wash; Drinks (soft drinks, coffee, juice, etc.); Food (candy, chips, cookies, sandwiches, etc.); Gum Ball; Newspaper; Personal Items (shampoo, combs, brushes, soap, etc.); Cigarettes; Laundry Products; Postage; and Coin Changers.

**Item cost – Cost of most expensive item in machine.