## APPLICATION FOR PRIVILEGE LICENSE

(Please read instructions below before filling out this application) This form must be signed and returned with remittance.

	MONTH DUE
	Must be paid on or before last day of
	month to avoid penalty.
NAME OF BUSINESS	Applicant will indicate by checking whether business is:  IINDIVIDUAL  PARTNERSHIP  CORPORATION
STATE TAX I.D. # In the following occupation: LICENSE DUE	If business is a Partnership or Corporation, the names of each partner or principal officers and their titles are:
TOTAL DUE: \$	If home address is different from that given above, the full name and home address is:  Name:Address:
Based on Merchandise:  If your business is based on the sale of merchandise, we take the total value of stock, assess it at 15%, and bill you accordingly. Please call our office at (601) 428-6404 for more information.	II Hereby certify that all information given on this application is true and correct.  (Signature)  (Title)
THIS SPACE FOR USE BY TAX COLLECTOR RENEWALNEWNAME CHANGE IF NEW LICENSE OR CHANGE IN NAME, PREVIOUS LICENSE IN NAME OF:	Subscribed and sworn to before me, this theday of, 20  (Signature and Title)
ZONED	Fire Inspection and 911 address has been checked by:

## INSTRUCTIONS TO APPLICANT

This license is issued for one year and expires on the FIRST DAY OF THE MONTH issued regardless of the day of original issue, and the new license MUST be obtained not later than the last day of the same month to avoid penalty. Mailing remittance on the last day of the month is not sufficient. It must be mailed in time for license to be issued within month due. If late, penalties are imposed by state law. PENALTY on amusement machines is 50%. Penalty on other licenses are 10% plus 1% per month. Call City Clerk's Office at 428-6404 for assistance. Please make checks payable to City of Laurel, P.O. Box 647, Laurel, MS. 39441

PLEASE COMPLETE, SIGN AND RETURN WITH PAYMENT.