



CITY OF SOUTHAVEN
PRIVILEGE LICENSE APPLICATION

For Office Use Only
Customer # _____
License # _____
Bill # _____

License Applications may take 1-5 business days from receipt to be processed

Business Name (DBA): _____

Business Owner (Individual, Corporation, LLC, etc.): _____

Business Location: _____
(Physical address of business)

Mailing Address: _____
(If different from business address)

Business Phone: _____ Cell Phone: _____
(This phone number will be public record)

Email Address: _____

____ Wholesale _____ Corporation EIN, SSN, or STATE TAX ID#
____ Retail _____ Individual
____ Service _____ Partnership
____ Selling _____ LLC
____ Manufacturing _____ Transient

(Contact MS Department of Revenue at 662-449-5150 to obtain Tax ID #)

Number of Full-Time Employees (home-based enter 1): _____

True Value of Store Inventory (for retail stores only): _____

Type of Business (be as specific as possible): _____

Do you sell beer _____ (Y/N)? If so, please enclose a copy of your beer license.
Do you sell food _____ (Y/N)? If so, please enclose a copy of your food permit.
Do you have amusement machines _____ (Y/N)? If so, how many? _____
Do you have vending machines _____ (Y/N)? If so, how many? _____
Are you opening a daycare _____ (Y/N)? If so, how many children? _____ **(Must see Fire Marshal before continuing)**

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 to the best of my knowledge:

Signature Title Date

Subscribed and sworn to before me in my presence, this _____ day of _____ 20____, a Notary Public in and
for the County of Desoto State of Mississippi _____

(Signature) Notary Public

My Commission Expires _____ 20_____