



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: _____

<input type="checkbox"/> Wholesale	<input type="checkbox"/> Corporation	EIN, SSN, or STATE TAX ID# _____ (Contact MS Department of Revenue at 662-449-5150 to obtain Tax ID #)
<input type="checkbox"/> Retail	<input type="checkbox"/> Individual	
<input type="checkbox"/> Service	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Selling	<input type="checkbox"/> LLC	
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Transient	

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 _____