OFFICE USE ONLY

Date Received_____
Zoning_____
Agenda Date_____
Check Number_____

CITY OF LONG BEACH
BUILDING/CODE DEPARTMENT
201 JEFF DAVIS AVENUE
PO BOX 929
LONG BEACH, MS 39560
Phone (228) 863-1554
Fax (228) 863-1558

PRIVILEGE TAX LICENSE APPLICATION

Today's Date:_____

1. Name of Business:_____
2. Is This a Name Change? _____YES _____NO, If yes, What is the old business name?_____
   _____
3. Location of Business_____
4. Is this an address change? _____YES _____NO, If yes, What is the old business address?_____
   _____
5. Mailing address (If different from above)_____
   _____
6. Business owner's SSN number OR **MISSISSIPPI** Sales tax ID number_____
7. Phone number:__(B)_____(H)_____(C)_____
8. Owner's name:_____
   (PRINT)
9. Type of Business: INDIVIDUAL_____CORPORATION_____PARTNERSHIP_____OTHER_____
10. If partnership, give the name and addresses of each partner:_____
    _____
    _____
11. If business is a corporation give name and address of principal officer and names and address of the registered agent of such corporation for service process:_____
    _____
    _____
12. Description of business:_____
13. Business will operate in a permanent building which:

_____Is owned in whole or in part by applicant **(ATTACH COPY OF RECORDED WARRANTY DEED)**

_____The applicant has been given the right of occupancy for the business at that location. **(PLEASE ATTACH A COPY OF YOUR LEASE)**

14. **If Retail**, list value of inventory_____ *ACCURATE inventory value must be given.
15. Number of employees_____

Please mark all that apply:

___Pool Tables _____Vending Machines _____Music Machines _____Amusement Machines ___Travel Agency _____Kiddie Machines ____Selling Beer _____Parade Vendor _____Transient Vendor Original _____Transient Vendor Renewal _____Pawn Broker w/deadly weapons_____Pawn Broker

16. Applicant's Name_____
17. Applicant's home address_____
18. Applicant's title_____

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING PRIVILEGE LICENSE AND DETERMINING THE AMOUNT IS TRUE AND CORRECT.

_____

SIGNATURE PRINTED NAME DATE