



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

OFFICE USE ONLY

Date Received _____
 Zoning _____
 Agenda Date _____
 Check Number _____

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