

MAYOR
Blake McMullan
ATTORNEY
Joey Hood
CITY CLERK
Gail Newton
POLICE CHIEF
Lawrence Caradine

CITY OF EUPORA

390 Clark Avenue
Eupora, Mississippi 39744
Telephone: 662.258.2291
FAX: 662.258.5331



BOARD OF ALDERMAN
Gerald Gary
Robert Gibbs
Ricky Newton
James Shaw
William Tabb

APPLICATION FOR PRIVILEGE LICENSE

THIS SPACE FOR USED BY TAX COLLECTOR
Renewal ___ New ___ Name Change ___
If new license, or change in name, previous
license in name of _____
License NO. _____

Applicant will indicate by checking business as:
Individual ___ Partnership ___ Corporation ___
If business is partnership the names of each partner:

APPLICATION IS HEREBY MADE FOR PRIVILEGE
LICENSE, TO BE ISSUED IN THE NAME OF:

Location of Business: _____

Business Mailing Address: _____

Business Telephone Number: _____

Telephone Number and Name of Contact Person
For Business Information: _____

Nature of Business: _____

Do you have vending machines in your business?
YES ___ NO ___

If you do, Number of Vending Machines _____

Do you own all of these Vending Machines?

YES ___ NO ___

If you do not own all of the Vending Machines, how
many do you own? _____ Please list the owner(s)

Of the Vending Machines you do not own below:

*Assessed Value (per Personal Property Tax Roll) of all
goods, wares, and merchandise for wholesale or retail sale:

**True Value of Goods held on Consignment:

***Number of Employees: _____

THIS SPACE FOR USE BY TAX COLLECTOR
License No. _____
License Pro-Rated for _____ months
Vending Machine Decal Nos. _____

License issued for the following period:
_____ 20 ____
To _____ 20 ____

LICENSE WILL BE ISSUED WITHOUT A PROPERLY
EXECUTED APPLICATION. A 50% PENALTY IS IMPOSED
BY LAW IN CASE OF DELINQUENCY.

LICENSE SHALL BE POSTED IN A CONSPICIOUS PART OF
THE PLACE OF BUSINESS.

*Assessed Value is based on merchandise and all stock of goods as shown on the Personal Property Tax Roll received from the County Tax Assessor,
for the 20__ Tax Year.

**Assessed Value will be calculated at 15% of true value of all goods held on consignment.

***Number of employees.. The term "employee" means full-time employees and with respect to professional firm or clinic, also includes all
partners, however such term excludes seasonal employees. The term "full-time" means an employee that is working at least thirty (30) hours per
seven-day week.

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

Applicant must sign here _____

(If partnership or corporation, give official title of person making application)

AFFIDAVID

Subscribed and sworn to me, this the _____ day of _____ 20____

_____ City

Tax Collector or Deputy Collector

TAX COLLECOR IS REQUIRED TO KEEP THIS APPLICATON ON FILE FOR THREE YEARS