BAY SAINT LOUIS
A PLACE APART

688 Hwy. 90
P.O. Box 2550
Bay St. Louis, MS 39520

A-1QP 003/1

PRIVILEGE LICENSE APPLICATION

ABSOLUTELY NO LICENSE WILL BE ISSUED WITHOUT COMPLETION OF THIS FORM

FOR OFFICE USE ONLY	
Date Received _____	Planning/Zoning _____
Type of Occupancy_____	Building _____
_____	Fire _____

FOR OFFICE USE ONLY	
License No. _____	
Date Issued _____	
Amount _____	

ABOUT THE BUSINESS

Business Trade Name: _____

Business Location: _____
Street City State Zip

Business Mailing Address: _____

Business Telephone Number _____ Manager's Name: _____

State Sales Tax Number [redacted] _____

ABOUT THE OWNER/APPLICANT

Owner/Applicant's Name: _____

Owner/Applicant's Physical Address, Place of Residence: _____
(No P.O.Boxes)

Owner/Applicant's Telephone Number: _____ Or: _____

Type of Ownership: Corporation ( ) Partnership ( ) Sole Ownership ( )

If your business is a partnership or Corporation, the name of each partner or officer is:

NAME ADDRESS TITLE

_____

_____

Assessed Value of Stock in inventory _____

What sort of business are you conducting? (Please explain in detail) _____

_____

If your business is a Corporation, what is the Corporation Office Address: _____

_____

Date began at this location: _____

Is this Application for a New Location? Yes ( ) No ( )

Does your Business have any of the following? (If so, how many?)

Pool Tables _____ Juke Box _____ Video Games _____ U-Hauls _____ Cigarette Machine _____ Weighing Machine _____

Soft Drink Machine _____ Gum/Candy Machine _____ Postage Stamp Machine _____ Other Vending Machines _____

(Please specify type of machine and amount needed to operate, i.e., nickel, dime, etc.) _____

Is your business selling/serving beer? Yes _____ No _____

Is your business serving food?. . . . . Yes _____ No _____

AFFIDAVIT

I do solemnly swear that the information given above is true and correct to the best of my knowledge. The total number of full-time employees (30 hours or more in a 7 day week) & partners, including myself as owner, for the previous 12 months is _____. This information is subject to audit by the City of Bay St. Louis, and any person who willfully makes any false statement on an application for a Privilege License shall be guilty of a misdemeanor. (S 27-17-453 Miss. Code). I understand that a Privilege License does not make legal any act declared illegal by the State of Mississippi.

PLEASE RETURN THIS APPLICATION SIGNED BY APPLICANT WHERE INDICATED

Date: _____

_____
Applicant's Signature

NOTARY FOR NEW BUSINESS APPLICANTS

_____
Signature of Applicant

_____
Signature (Notary Public)

(SEAL)

My Commission Expires _____