

Acct. No.

Expiration Date

PRIVILEGE LICENSE APPLICATION

THIS APPLICATION REQUIRED BY LAW
FORM MUST BE COMPLETED & ALL
QUESTIONS ANSWERED

NAME
MAILING ADDRESS

APPLICANT
BUSINESS LOCATION
TELEPHONE

TYPE OF BUSINESS

WHOLESALE SELLING CORPORATION NAME OF
RETAIL MANUFACTURING PARTNERSHIP PARTNERS
SERVICE INDIVIDUAL (IF PARTNERSHIP)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY
KIND OF BUSINESS (PLEASE BE SPECIFIC)

STATE SALES TAX ID NUMBER

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED PRIOR TO EXPIRATION DATE TO AVOID PENALTY.

TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS

(NOTE: The term "employee" means full-time employees and, with respect to a professional firm or clinic, also includes all partners; however, such term excludes seasonal employees. The term "full-time" means at least thirty (30) hours per seven day week.)

ENTER THE TOTAL HERE AND ON REVERSE SIDE IN BLOCK A.

WHOLESALE - RETAIL

- 1. AMOUNT OF ASSESSED INVENTORY (TO THE NEAREST DOLLAR:)
2. IF YOU SELL BEER, CITY FEE IS
3. DO YOU HAVE GAME MACHINES?
4. DO YOU HAVE VENDING MACHINES?
5. DO YOU HAVE KIDDY RIDES?
6. DO YOU HAVE MUSIC MACHINES?
7. DO YOU SELL FOOD?

OTHER THAN WHOLESALE - RETAIL

- 8. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE
9. MANUFACTURER'S FEE
10. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9)

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.

SIGNATURE TITLE DATE

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO
FOR ADDITIONAL INFORMATION,

PHONE

Empty box for remittance information.

A. TOTAL NUMBER OF FULL-TIME EMPLOYEES

A.

SCHEDULE A - INVENTORY ASSESSMENT TABLE

IF YOU ARE A WHOLESALE OR RETAIL STORE DEALING IN THE SALE OF GOODS, WARES AND/OR MERCHANDISE:

ASSESSED VALUE IS DETERMINED AS IT APPEARS ON THE PERSONAL PROPERTY ASSESSMENT ROLLS. IF YOU ARE A NEW BUSINESS, ADD ESTIMATED ASSESSED VALUE INVENTORY IN NO. 1 ON FRONT PAGE OF APPLICATION, (ESTIMATED ASSESSED VALUE WILL BE 15% OF ESTIMATED TRUE VALUE).

Then, determine the amount of tax you owe by applying assessed value of your inventory to schedule listed below.

ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT	ASSESSED VALUE OF INVENTORY	PAY THIS AMOUNT
\$0 - \$7,000	\$20.00	\$ 90,001 - \$100,000	\$380.00
\$7,001 - \$10,000	\$25.00	\$100,001 - \$125,000	\$440.00
\$10,001 - \$12,000	\$32.50	\$125,001 - \$150,000	\$560.00
\$12,001 - \$15,000	\$40.00	\$150,001 - \$175,000	\$680.00
\$15,001 - \$20,000	\$50.00	\$175,001 - \$200,000	\$800.00
\$20,001 - \$25,000	\$62.50	\$200,001 - \$225,000	\$920.00
\$25,001 - \$30,000	\$75.00	\$225,001 - \$250,000	\$1,040.00
\$30,001 - \$40,000	\$92.50	\$250,001 - \$300,000	\$1,200.00
\$40,001 - \$50,000	\$150.00	\$300,001 - \$350,000	\$1,360.00
\$50,001 - \$60,000	\$200.00	\$350,001 - \$400,000	\$1,520.00
\$60,001 - \$70,000	\$250.00	\$400,001 - \$450,000	\$1,680.00
\$70,001 - \$80,000	\$300.00	\$450,001 and over	\$1,840.00
\$80,001 - \$90,000	\$340.00		

**SCHEDULE B - ALL BUSINESS
(OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)**

CODE	EMPLOYEES	FEE
27-17-009	0 - 3	\$20.00
	4 - 10	\$30.00
	OVER 10	\$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00
27-17-035	AUTO RENTAL	\$15.00 (CLASS 1)
		\$10.00 (CLASS 2)
		\$ 5.00 (CLASS 3 - CLASS 7)
27-17-299A	PAWN BROKER	\$250.00
27-17-299B	ADDITIONAL TAX, DEADLY WEAPONS	\$250.00
27-17-392	TRAVEL AGENCY	\$200.00
27-17-415	WEAPONS, DEALERS IN DEADLY	\$100.00
27-71-303	BEER	\$15.00

SCHEDULE C - MANUFACTURERS

EMPLOYEES	FEE
0 - 3	\$20.00
4 - 10	\$30.00
OVER 10	\$80.00

SCHEDULE D - VENDING MACHINES

For each postage machine \$2.00
 For each cigarette machine \$2.50
 All other machines requiring the deposit of a coin of more than twenty cents (20¢) \$10.00 each
 All other machines requiring the deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢) \$7.50 each

Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner _____ Type of Machine* _____
 Owner's Address _____
 Responsible Party for Taxes _____ Item Cost ** _____
 Vending Machine Owner _____ Type of Machine* _____
 Owner's Address _____
 Responsible Party for Taxes _____ Item Cost ** _____
 Vending Machine Owner _____ Type of Machine* _____
 Owner's Address _____
 Responsible Party for Taxes _____ Item Cost ** _____

* Type of Vending Machines - Air; Vacuum; Car Wash; Drinks (Soft drinks, coffee, juice, etc.); Food (candy, chips, cookies, sandwiches, etc.); Gum Ball
 Newspaper; Personal Items (shampoo, combs, brushes, soap, etc.); Cigarettes; Laundry Products; Postage; and Coin Changers.

** Item Cost - Cost of most expensive item in machine.