

Acct. No.  
[ ]

Expiration Date  
[ ]

**PRIVILEGE LICENSE APPLICATION**

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

NAME [ ] APPLICANT [ ]  
ADDRESS [ ] 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;) (SEE SCHEDULE A ON REVERSE SIDE FOR AMOUNT OF FEE AS REQUIRED BY MISSISSIPPI STATUTE.) 1.  
2. IF YOU SELL BEER, STATE FEE IS \$15.00. (RENEWAL IN SEPTEMBER) 2.  
3. DO YOU HAVE GAME MACHINES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$45.00 EACH) 3.  
4. DO YOU HAVE VENDING MACHINES? \_\_\_\_\_ NUMBER AT \$10.00 EACH \_\_\_\_\_ NUMBER AT \$7.50 EACH (USE SCHEDULE D ON REVERSE SIDE) 4.  
5. DO YOU HAVE KIDDY RIDES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$18.00 EACH) 5.  
6. DO YOU HAVE MUSIC MACHINES? \_\_\_\_\_ IF SO, HOW MANY? \_\_\_\_\_ (\$27.00 EACH) 6.  
7. DO YOU SELL FOOD? \_\_\_\_\_ IF SO, PLEASE ENCLOSE A COPY OF YOUR FOOD PERMIT. 7.

**OTHER THAN WHOLESALE - RETAIL**

8. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE (USE SCHEDULE B ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.) 8.  
9. MANUFACTURER'S FEE (USE SCHEDULE C ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.) 9.  
10. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9) [ ] 10

**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.

City of Petal, Attn: Lynn Campfield  
P O Box 564  
Petal, MS 39465

PHONE 601-545-1776

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
\$30,000 - \$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

**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.

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Other (see instructions) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
*(Applies to accounts maintained outside the U.S.)*

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
See Specific Instructions on page 2.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

				-			-				
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OR

Employer identification number

		-									
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## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here

Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*  
By signing the filled-out form, you:
  - Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  - Certify that you are not subject to backup withholding, or
  - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



# Petal Police Department

Matthew Hiatt • Chief of Police

## BUSINESS CONTACT INFORMATION

Business: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Business Hours: \_\_\_\_\_

## SECURITY:

Does your business have the following?

Audible Alarm \_\_\_\_\_

Surveillance Cameras \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Phone number: \_\_\_\_\_

## EMERGENCY CONTACTS:

First Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Second Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Third Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_





# PETAL FIRE DEPARTMENT

City of Petal \* Department Use

## NEW BUSINESS

- Commercial Base (store front)
- Home Base (residential)
- Food Truck/ Trailer

### OWNER'S INFO

OWNER'S NAME- \_\_\_\_\_

ADDRESS- \_\_\_\_\_

PHONE NUMBER- \_\_\_\_\_ Email \_\_\_\_\_

### EMERGENCY CONTACTS (must provide two forms of contact)

KEY HOLDER 1-NAME- \_\_\_\_\_ PHONE # \_\_\_\_\_

KEY HOLDER 2-NAME- \_\_\_\_\_ PHONE # \_\_\_\_\_

### BUSINESS INFO

BUSINESS NAME- \_\_\_\_\_

TYPE OF BUSINESS- \_\_\_\_\_

BUSINESS ADDRESS - \_\_\_\_\_ SUITE# \_\_\_\_\_

BUSINESS PHONE- \_\_\_\_\_

Power Company- \_\_\_\_\_ Alarm Company \_\_\_\_\_

Gas Company- \_\_\_\_\_ Fire Ext Company \_\_\_\_\_

### Property Owner (person who owns the lot)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

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City of Petal Fire Department  
102 Fairchild Drive  
Petal, MS 39465  
Phone: (601) 705-0908