

CITY OF KOSCIUSKO  
PRIVILEGE LICENSE APPLICATION

Business Name: \_\_\_\_\_ ID# \_\_\_\_\_  
In Care Of : \_\_\_\_\_

Mailing : \_\_\_\_\_  
Address : \_\_\_\_\_ --- Physical Address ---

State of MS Sales Tax #: \_\_\_\_\_ SSN/Federal ID#: \_\_\_\_\_

Telephone # : \_\_\_\_\_

WHOLESALE: \_\_\_\_\_ SELLING : \_\_\_\_\_ CORPORATION: \_\_\_\_\_ INDIVIDUAL : \_\_\_\_\_  
RETAIL : \_\_\_\_\_ MANUFACTURING: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ TRANSIENT : \_\_\_\_\_  
SERVICE : \_\_\_\_\_

Store Inventory (If Applicable): \_\_\_\_\_ If Partnership, Name of Partners \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_

Code	Type of Business/Description	Unit of Measure*	Amount Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: \_\_\_\_\_  
=====

\* Number of Employees, Inventory, No. of Machines (Vending, Amusement, Music)

Do you sell Beer? \_\_\_\_\_ If so, please enclose a copy of your Beer License.  
Do you sell Food? \_\_\_\_\_ If so, please enclose a copy of your Food Permit.  
Do you have Amusement Machines? \_\_\_\_\_ If so, How Many? \_\_\_\_\_  
Do you have Vending Machines? \_\_\_\_\_ If so, How Many? \_\_\_\_\_

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: \_\_\_\_\_

\*\*\* OFFICIAL USE ONLY \*\*\*

PERIOD OF LICENSE \_\_\_\_\_ to \_\_\_\_\_  
NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_  
LICENSE # : \_\_\_\_\_  
DEPUTY CLERK: \_\_\_\_\_

NOTARY PUBLIC AFFIDAVIT  
(NEW APPLICATIONS ONLY)  
Subscribed and Sworn to before me,  
this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_  
Official Title

CITY OF KOSCIUSKO  
222 EAST WASHINGTON STREET  
KOSCIUSKO, MS 39090

**SCHEDULE OF PRIVILEGE LICENSE FEES**  
**BASED ON NUMBER OF EMPLOYEES**

The term "Employee" refers to anyone working 30 hours or more per week.

- A. One (1) to three (3) employees ----- \$20.00
- B. Four (4) to ten (10) employees ----- \$30.00
- C. More than ten (10) employees: \$30.00 for the first ten (10) employees,  
PLUS \$3.00 for each additional employee.  
MAXIMUM: \$150.00

Example: An employer having fifteen (15) employees would pay \$45.00  
\$30.00 for the first 10 plus \$3.00 each for the next 5.

- D. MANUFACTURERS with ten (10) or fewer employees---- use A or B, whichever  
is applicable.
- E. MANUFACTURERS having more than ten (10) employees ----- \$80.00