



## PRIVILEGE LICENSE APPLICATION

This application is required by law  
Must be complete & all questions answered  
(Minimum 24 hour waiting period)

Account Number \_\_\_\_\_

Date of Application \_\_\_\_\_

### APPLICATION TYPE:

☐ New ☐ Renewal ☐ Name Change ☐ Location Change ☐ Other Change \_\_\_\_\_

Legal Business Name \_\_\_\_\_ Trade Name (if different) \_\_\_\_\_

Business Physical Address \_\_\_\_\_ Suite \_\_\_\_\_ Floor Area Occupied \_\_\_\_\_  
(square feet)

Business Mailing Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
(If corporation, use corporate name, if partnership-principal)

Business Owner's Home Address \_\_\_\_\_ Email \_\_\_\_\_

Business Owner's Cell Phone: \_\_\_\_\_ Website \_\_\_\_\_

Business Point of Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(If different than owner)

### BUSINESS INFORMATION:

**Home Occupation:** ☐ No ☐ Yes: I have received a copy of the City of Brandon regulations pertaining to home based occupations and understand failure to comply may result in revocation of my license. Initial here \_\_\_\_\_

**General Business:** ☐ Partnership ☐ Corporation ☐ Sole Proprietor ☐ Transient Vendor ☐ L.L.P. ☐ L.L.C.

**Type of Business:** ☐ Wholesale ☐ Service ☐ Retail ☐ Sales ☐ Internet ☐ Manufacturing

**Business Activities:** Type of services offered, inventory of goods sold, type / method of selling, items manufactured, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount of assessed inventory (to the nearest dollar):** \$ \_\_\_\_\_

**List of principal officers, members, partners including name, address and phone (if more, please attach a list)**

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Do you own or lease your business property:** ☐ Own ☐ Lease: Lease expires: \_\_\_\_\_

Property Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

### BUSINESS OPERATIONS INFORMATION:

Start Date: \_\_\_\_\_ # of Full-time Employees: \_\_\_\_\_

\*Full-time means at least thirty (30) hours per seven day week. With respect to a professional firm or clinic, the number of employees shall include all partners.

Sales Tax # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

\*Must attach a copy of permit from the State Tax Commission

Do you conform to all guidelines set by State statute? ☐ No ☐ Yes: Explain

**License must be renewed and payment received by December 31\* of each year to avoid a 10% penalty, the first month, and thereafter a penalty of one percent (1%) per month or part thereof during which the tax remains delinquent.**

Does your business sell beer: ☐ No ☐ Yes: Must attach copy of State issued permit

Does your business have amusement machines: ☐ No ☐ Yes

Does your business sell tobacco products: ☐ No ☐ Yes: Must attach copy of State issued tobacco permit

Does your business sell food: ☐ No ☐ Yes: Must attach copy of Rankin County Health Dept Food Service Permit for this location

Does your business have vending machines: ☐ No ☐ Yes: Number: \_\_\_\_\_

Does your business sell liquor: ☐ No ☐ Yes: Must attach copy of State issued permit

**If your business sells liquor:**

(1) Is the applicant(s) a citizen(s) of the United States and the State of Mississippi: ☐ No ☐ Yes

(2) Is the applicant(s) twenty-one (21) years of age or older: ☐ No ☐ Yes

(3) Has the applicant(s) ever been convicted in Mississippi, or any other state, of a felony, pandering or keeping a house of prostitution:  
☐ No ☐ Yes

(4) Has the applicant(s) been convicted within five (5) years of the date of this application of any violation of the laws of the State of Mississippi or any other state relating to alcoholic liquor or gambling: ☐ No ☐ Yes

(5) Has the applicant(s) had any beer permit or liquor license revoked within five (5) years of the date of this application:  
☐ No ☐ Yes

(6) Is this business location closer than four hundred feet (400') to any house of worship, school, or kindergarten: ☐ No ☐ Yes

(7) For restaurants, does this location derive fifty (50%) percent or more of its total revenue from the preparation, cooking and serving of meals and not from the sale of beverages: ☐ No ☐ Yes

(8) For restaurants, are records maintained of the gross sales? ☐ No ☐ Yes: Please attach evidence of the current gross sales. For new restaurants, please attach information regarding the restaurant inventory to establish an ability to meet the fifty percent (50%) revenue requirement. New restaurants agree to submit proof of gross sales six (6) months after the opening of the restaurant and the City shall be able to request and receive information regarding gross sales at any time. Applicant (s) also understands that, whenever called on to do so, shall furnish the issuing authority or agents of the City of Brandon, Mississippi, with such records, documents or other evidence as may be necessary in order to prove compliance with City ordinance.

**AFFIDAVIT:**

I understand that before I can operate my business in the City of Brandon, my establishment must comply with applicable City ordinances and I must obtain a business license and all necessary State, Federal and local permits. I declare that I am authorized to complete this application and 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.

Printed Name: \_\_\_\_\_ Title \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**City Use Only**

Date Received: \_\_\_\_\_

Type: ☐ New ☐ Renewal ☐ Name Change ☐ Location Change ☐ Other Change \_\_\_\_\_

License Fee \$ \_\_\_\_\_

Zoning district: \_\_\_\_\_

Inspection Fee \$ \_\_\_\_\_

Is the business a permitted land use in this district: Yes / No

Other Fee(s) \$ \_\_\_\_\_

New Construction / Reuse

Total Amount Due: \_\_\_\_\_

If reuse: what was the previous use? \_\_\_\_\_