



CITY OF SOUTHAVEN  
PRIVILEGE LICENSE APPLICATION

*License Applications may take 1 – 5 business days from receipt to be processed*

For Office Use Only

Customer # \_\_\_\_\_

License # \_\_\_\_\_

Bill # \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Business Owner (Individual, Corporation, LLC, etc.): \_\_\_\_\_

Business Location: \_\_\_\_\_  
(Physical address of business)

Mailing Address: \_\_\_\_\_  
(If different from business address)

Business Phone: \_\_\_\_\_  
(This phone number will be public record)

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

- Wholesale
- Retail
- Service
- Selling
- Manufacturing
- Corporation
- Individual
- Partnership
- LLC
- Transient

EIN, SSN, OR STATE TAX ID #  
(Contact State Tax Commission at  
662-449-5150 to obtain Tax ID#)

Number of Full-Time Employees (home-based enter 1): \_\_\_\_\_

True Value of Store Inventory (for retail stores only): \_\_\_\_\_

Type of Business (be as specific as possible): \_\_\_\_\_

Do you sell beer \_\_\_ (Y/N)? If so, please enclose a copy of your beer license.

Do you sell food \_\_\_ (Y/N)? If so, please enclose a copy of your food permit.

Do you have amusement machines \_\_\_ (Y/N)? If so, how many? \_\_\_\_\_

Do you have vending machines \_\_\_ (Y/N)? If so, how many? \_\_\_\_\_

Are you opening a daycare \_\_\_ (Y/N)? If so, how many children? \_\_\_\_\_ **(Must see Fire Marshal before continuing)**

**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 to the best of my knowledge:

\_\_\_\_\_  
Signature Title Date

Subscribed and sworn to before me in my presence, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, a Notary Public in and

for the County of Desoto State of Mississippi \_\_\_\_\_

(Signature) Notary Public

My Commission Expires \_\_\_\_\_ 20\_\_\_\_\_