



PRIVILEGE LICENSE APPLICATION

This application is required by law
Must be completed & all questions answered

Name of Business: _____

APPLICATION TYPE:

New Renewal Name Change Location Change Other Change _____

BUSINESS ADDRESS

Address _____

City: _____ State: _____ Zip: _____

Business Phone Number: _____

Business Point of Contact _____ Phone _____

BUSINESS OWNER INFORMATION

Business Owner's Name _____

Business Owner's Home Address _____

City: _____ State: _____ Zip: _____

Business Owner's Phone _____ Email _____

BUSINESS INFORMATION

Home Occupation: No Yes

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

TYPE OF BUSINESS: Wholesale Service Sales Retail Internet
 Manufacturing Funeral Home Home

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

Do you own or lease your business property: Own Lease

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, also includes all partners*

Sales Tax Number _____ Federal Tax ID Number _____

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

Do you conform to all guidelines set by State Statute? ____ No ____ Yes

Does your business sell beer: ____ No ____ Yes (**If your business sell beer, fee is \$15.00**)

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 Covington County Health Dept Food Service Permit for this location**)

Does your business have vending machines: ____ No ____ Yes

AMOUNT OWED TO TOWN OF MT. OLIVE

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

WHOLESALE-RETAIL

- | | |
|--|-----------------|
| 1. AMOUNT OF ASSESSED INVENTORY (TO THE NEAREST DOLLAR) | 1. _____ |
| 2. IF YOU SELL BEER, FEE IS \$15.00 (WRITE IN BLOCK 2) | 2. _____ |
| 3. OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURES) FEE | 3. _____ |
| 4. MANUFACTURES FEE <i>(USE SCHEDULE C TO DETERMINE AMOUNT OF FEE, WRITE IN BLOCK 4)</i> | 4. _____ |
| 5. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THUR 4) | 5. _____ |

AFFIDAVIT:

I understand that before I can operate my business in the Town of Mount Olive, my establishment must comply with applicable Town 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: _____



**TOWN OF
MOUNT OLIVE**

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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:

First, determine the assessed value of your inventory.

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

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

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

| EMPLOYEES | FEE |
|-----------|---|
| 0-3 | \$20.00 |
| 4-10 | \$30.00 |
| OVER 10 | \$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00 |

SCHEDULE C- MANUFACTURERS

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