Town of Decatur

P. O. BOX 307
Decatur, MS 39327
Phone: (601) 635-2761 Fax: (601) 635-4012
www.decaturms.org

PRIVILEGE LICENSE APPLICATION

(As Required by Section 27-17-9, Mississippi Code)

Date of Application _____ Name of Business_____

Owner(s) or Partner(s) _____

Contact Person_____ Title_____

Business Phone _____ Owner/Contact Ph_____

Fax _____ Email _____

Mailing Address _____

Physical Address _____

Tax ID # _____

Type of Business ( ) Manufacturer ( ) Contractor ( ) Wholesaler ( ) Retailer ( ) Ownership

( ) Corporation ( ) LLC ( ) Partnership ( ) Proprietorship ( ) Other

Business Activity (Check all that Apply)

___ Bank __ Convenience Store ___ Contractor ___ Flea Markets ___Inventory Value

___Insurance Company __ Motor Vehicle for Hire __ Manufacturer ___ Non-Manufacturer

___ Food Truck __ Pawn Shop ___ Restaurant ___Real Estate ___Service Station

___Transient Vendor ___ Cigarettes

Based on your business activity information, you will need to pay for your license based on:

____ Inventory Value – multiplied by .15 _____

____ # of Employees _____

Town of Decatur

P. O. BOX 307
Decatur, MS 39327
Phone: (601) 635-2761 Fax: (601) 635-4012
www.decaturms.org

1. Will this business prepare food for public consumption? ____Y _____N
2. Will cigarettes be sold? ___ Y ____N
3. Will you be making any exterior or interior changes to the building? ___ Y ____ N

   If YES, obtain a building permit application with this department.

Description of business :

_____

_____

_____

_____

_____

CITY USE ONLY

The undersigned official of Decatur Building Inspector certifies that the use as described on this application is in conformity with the Zoning Ordinance of Town of Decatur

☐ Approved

☐ Disapproved

_____ Building Inspector

_____ Date

Remarks/Zone_____

_____

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

Sworn to and subscribed before me, this the _____ day of _____, 20_____.

_____
Notary Public