

Town of Decatur

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

PRIVILEGE LICENSE APPLICATION

Privilege License Must Be Renewed Yearly

DBA _____

Business Address _____

Mailing Address _____

Business Phone _____ Is This a New Business _____ Yes _____ No

State Sales Tax Number _____

What is the total number of employees of the business for the previous 12 months? _____

Nature of Business _____

Type of business: _____ Sole Owner _____ Partnership _____ Corporation _____ LLC

List Name of Owner or Partners and Manager

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