

City of Clinton

Mississippi

Community Development

961 Highway 80 E.

Clinton, Mississippi 39056

601-924-2256

Business 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 Ph _____ **Owner/Contact Ph** _____

Fax _____ **Email** _____

Mailing Address _____

Physical Address _____

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

Ownership () Corporation () Partnership () Proprietorship () Professional Association () Other

Business Activity: (check all that apply):

___ Amusement Machine ___ Bank ___ Beer ___ Convenience Store ___ Contractor ___ Dealer of Deadly Weapons

___ Flea Markets ___ Hobby Horse or Children's Ride ___ Inventory Value ___ Insurance Company ___ Motor Vehicle for

Hire ___ Manufacturer ___ Music or Picture Machine ___ Non-Manufacturer ___ Optometrist ___ Pawn Shop

___ Restaurant ___ Real Estate ___ Service Station ___ Transient Vendor ___ Vending Machine

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

___ Inventory Value _____

___ # of Employees _____

___ Optometrist Flat Fee (\$25) _____

___ # of vehicles _____ at per vehicle _____

Other Fees:

___ Beer (\$15.00) _____

___ Dealer of Deadly Weapons (\$100.00) _____

___ # of Vending Machines _____ @ \$10.00 each _____

___ # of amusement machines _____ @ \$45.00 each _____

___ # of music or picture machines _____ @ \$27.00 each _____

___ # of hobby horse or children's rides _____ @ \$18.00 each _____

Total _____

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BUSINESS LICENSE APPLICATION, PAGE 2

1. Will this business be operated from your home or residential building in the City of Clinton? ___Y ___N
If YES, complete a Home Occupation permit to turn in with this form.
2. Will this business prepare food for public consumption? ___Y ___N
If YES, have you scheduled an inspection from our department? ___Y ___N
3. Will you need a sign for your business? ___Y ___N
If YES, complete a sign permit application from this department.
4. 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: _____ _____ _____ _____
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Applicant Signature

Date

Approved ___ Denied ___ Date _____
Signature: _____
Comments: _____ _____ _____ _____ _____