



Tax Department
 PO Box 1898 Hattiesburg, MS 39401-1898
 P 601-545-4523 or 601-545-4521
 taxdept@hattiesburgms.com

Official Use Only

Received: _____
 Completed: _____
 Clerk: _____

Privilege Tax License Application

Please complete ALL items on this application

Business Name	_____	Date Began	_____
DBA	_____	Company Type	
Business Location	_____	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> Limited Partnership
	_____	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Unlimited Partnership
	City, State, Zip	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Sole Proprietorship
Mailing Address	_____	<input type="checkbox"/> PPLC	<input type="checkbox"/> Limited Liability Company
	_____	NAICS Code(s)	_____
	City, State, Zip		
Business Phone	_____	Location	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential
Description of Business	_____	Sq Footage	_____

Enter names of Owners, Partners or Corporate Officers (attach additional sheet, if necessary)

Owner/Officer Name	_____	Title	_____
Address	_____	Email	_____
	_____	Phone	_____
	City, State, Zip		
Owner/Officer Name	_____	Title	_____
Address	_____	Email	_____
	_____	Phone	_____
	City, State, Zip		

Emergency Contact (The emergency contact phone number must be different from the business phone number listed above)

Contact Name	_____	Phone	_____
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Alarm Company

Business Name	_____	Phone	_____
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Business Information

If applicable, provide the number of :		Check all that apply:	
_____ Employees	_____ Amount of Inventory	<input type="checkbox"/> Beer	<input type="checkbox"/> Transient Vendor
_____ Cars	_____ Vending Machines	<input type="checkbox"/> Dance Hall	<input type="checkbox"/> Pawn Broker
_____ Units	_____ Amusement/Video Machines	<input type="checkbox"/> Contractor	<input type="checkbox"/> Deadly Weapon Dealer
		<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Liquefied & Petroleum Gas
		<input type="checkbox"/> Wrecker	<input type="checkbox"/> Restaurant/Hood Vent

Affidavit

I declare under penalties of perjury, that this application and all its supporting documentation, is to my knowledge, true and correct. I hereby make application for a license to engage in business on the conditions that I will pay any and all taxes due to the City of Hattiesburg and that I will comply fully in all respects with the laws of the City of Hattiesburg and the State of Mississippi.

Signature of Owner or Representative _____ Date: _____