



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                     | _____            |   |  |
| Business Location       | _____            | Company Type                                    |  |
|                         | _____            | <input type="checkbox"/> C-Corporation          | <input type="checkbox"/> Limited Partnership                             |
|                         | City, State, Zip | <input type="checkbox"/> S-Corporation          | <input type="checkbox"/> Unlimited Partnership                           |
| Mailing Address         | _____            | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Sole Proprietorship                             |
|                         | _____            | <input type="checkbox"/> PPLC                   | <input type="checkbox"/> Limited Liability Company                       |
|                         | 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 | _____ |
|--------------|-------|-------|-------|

**Alarm Company**

|               |       |       |       |
|---------------|-------|-------|-------|
| Business Name | _____ | Phone | _____ |
|---------------|-------|-------|-------|

**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: \_\_\_\_\_