

APPLICATION FOR PRIVILEGE LICENSE
TOWN OF PUCKETT

City Tax Collector
P.O. Box 130
Puckett, Ms 39151

Date _____

Name of Business _____

Business Address _____

Business Phone _____

Owner _____ Kind of Business _____

Address _____ Individual _____

_____ Partnership _____

Phone _____ Corporation _____

Nature of Business _____

Number of Full Time Employees
(thirty hours per week) _____

Inventory (Value of stock at its asessed
Value as determined for ad valorem taxation) _____

Number of Amusement Machines (Juke Box)
Game Machines Video Games _____

Riding machines (Hobby Horse) _____

Tobacco Tax (do you sell tobacco products?) Yes _____ No _____

Applicant must sign here _____

Official Title _____

I do hereby certify that all of the above information is true and correct
to the best of my knowledge.

This Space For Use By TAX COLLECTOR

Renewal _____

LICENSE NUMBER _____

NEW _____

AMOUNT OF TAX _____

NAME CHANGE _____

DUE IN _____