

# STATEMENT OF UNDERSTANDING

Name of Owner

---

Business Name

---

Address of the Property in Question

---

Type of Business to Operate on the Property in Question

---

By signing this statement, **I agree that I have read and understand all of the restrictions** outlined in the City of Ridgeland Zoning Ordinance for the zone in which my property or business is located.

**NOTE - The City of Ridgeland Official Zoning Ordinance can be obtained by visiting the City's website ([www.ridgelandms.org](http://www.ridgelandms.org)) and selecting the buttons listed in the following order:**

**(1) City Government, (2) Community Development, (3) Planning and Zoning, (4) Zoning Regulations, (5) Official Zoning Ordinance, or**

**to obtain the Official Zoning Map:**

**(1) City Government, (2) Community Development, (3) Maps and GIS, (4) Zoning Map.**

Business Owner or Agent

---

Witness

---

# CHECKLIST

## REQUIREMENTS FOR OBTAINING A PRIVILEGE TAX LICENSE

1. Zoning must approve all new business applications. All applicants for business licenses must schedule a Privilege License Inspection through the Community Development Department.

Contact the Community Development Department regarding all requirements related to certificates of occupancy, zoning, sign ordinances and any necessary building inspections (including the required Privilege License Inspection). This Department is located in the City Hall building, 304 Highway 51, Ridgeland, MS or may be reached by telephone at (601) 856-3877.

2. You must check with the City’s Water Department office to establish water service. This office is at City Hall and may be reached at (601) 856-3938.
3. If your business will be collecting sales tax, you must apply for and receive a State sales tax identification number for MADISON COUNTY from the State Tax Commission. If you have any questions regarding this, call the Tax Commission at (601) 923-7000.
4. If you are opening a restaurant, you are required to supply a copy of your food permit. This permit is issued to you when a health inspection is made of your restaurant before you open. The telephone number for the Health Department is (601) 859-3316.
5. If you will be serving beer, you are required to supply a copy of your beer permit. This permit is issued to you by the State Tax Commission before you open for business. The telephone number for the Tax Commission’s Alcoholic Beverage Control Permit Office is (601) 856-1330.
6. If you are a transient vendor or selling door to door, you must have a special permit. For information call (601) 856-7113.
7. If you are opening a wrecker service, you must first contact the Chief of Police at the Ridgeland Police Department. The Police Department is located at 115 West School Street and the phone number is (601) 856-2121.

\*\*\*\*\*

***NOTE: THE APPROPRIATE CITY OFFICIAL MUST INITIAL BELOW ONCE THE REQUIREMENTS HAVE BEEN MET. A PRIVILEGE TAX LICENSE WILL NOT BE ISSUED UNTIL THE FOLLOWING DEPARTMENTS HAVE APPROVED THE RELEASE OF THE LICENSE. IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN THESE SIGNATURES.***

\*\*\*\*\*

\_\_\_\_\_ Inspection (Community Development, 601-856-3877)

\_\_\_\_\_ Sign Permits (Leslie Thomas, Community Development, 601-856-3877)

\_\_\_\_\_ Zoning (Matt Dodd, Community Development, 601-856-3877)

\_\_\_\_\_ Privilege License Application (Courtney Martin, Administration Department 601-856-7113)

YOUR PRIVILEGE LICENSE  
EXPIRES ON \_\_\_\_\_

CITY OF

**RIDGELAND, MISSISSIPPI**

**PRIVILEGE LICENSE APPLICATION**

THIS APPLICATION REQUIRED BY LAW  
FORM MUST BE COMPLETED & ALL  
QUESTIONS ANSWERED

|                          |               |
|--------------------------|---------------|
| FOR USE BY TAX COLLECTOR |               |
| NEW _____                | RENEWAL _____ |
| CODE SEC. _____          |               |
| DATE PAID _____          |               |
| LICENSE NO. _____        |               |
| NEXT DATE DUE _____      |               |

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED BY THE LAST DAY OF THE MONTH TO AVOID PENALTY.

**Business**

Name → \_\_\_\_\_

**Mailing**



**Address**

PLEASE INDICATE TYPE OF BUSINESS

- \* WHOLESALE \_\_\_\_\_ SELLING \_\_\_\_\_ CORPORATION \_\_\_\_\_
- RETAIL \_\_\_\_\_ MANUFACTURING \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_
- SERVICE \_\_\_\_\_ LLC \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

\* WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY \_\_\_\_\_

\* KIND OF BUSINESS (PLEASE BE SPECIFIC) \_\_\_\_\_

\* STATE SALES TAX ID NUMBER FOR MADISON COUNTY ← **All businesses selling a product must provide a State Sales Tax ID Number for Madison County.**

DO YOU OWN OR OPERATE ANY TYPE OF AMUSEMENT MACHINES? \_\_\_\_\_ VENDING MACHINES? \_\_\_\_\_  
ONLY ONE CATEGORY BELOW WILL APPLY TO YOUR BUSINESS.

|  |       |
|--|-------|
| APPLICANT MUST FILL IN THIS AREA                   |       |
| * APPLICANT NAME (Individual Completing Form)      | _____ |
| * BUSINESS LOCATION (Physical Address of Business) | _____ |
| * TELEPHONE NUMBER                                 | _____ |
| * LIST ALL PARTNERS                                | _____ |

\* SS# \_\_\_\_\_  
\* or EIN - - - - -

| WHOLESALE AND RETAIL STORES ONLY   |          |
|--|----------|
| 1. ASSESSED VALUE OF INVENTORY (TO THE NEAREST DOLLAR.)<br>(USE SCHEDULE A ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE WRITE AMOUNT IN BLOCK 1) | 1. _____ |

| SERVICE/BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES ONLY   |          |
|--|----------|
| 2. TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS<br>(NOTE: The term "employee" means full-time employees and, with respect to a professional firm or clinic, also includes all partners; however, such term excludes seasonal employees. The term "full-time" means at least thirty (30) hours per seven day week.)<br>FEE FOR SERVICE / BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES<br>(USE SCHEDULE B TO DETERMINE AMOUNT OF FEE, WRITE AMOUNT IN BLOCK 2) | 2. _____ |

| MANUFACTURERS ONLY  |          |
|---|----------|
| 3. MANUFACTURERS FEE<br>(USE SCHEDULE C TO DETERMINE AMOUNT OF FEE, WRITE IN BLOCK 3) | 3. _____ |

|  |          |
|--|----------|
| 4. TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 3) | 4. _____ |
|--|----------|

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**\* SIGNATURE MUST BE NOTARIZED \***

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for said county and state, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, within my jurisdiction, the above and within named \_\_\_\_\_, who acknowledged that he/she executed the above foregoing instrument.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO **CITY OF RIDGELAND**. IF PAYMENT MADE BY MAIL, ADDRESS TO PRIVILEGE LICENSE, CITY OF RIDGELAND, P.O. BOX 217, RIDGELAND, MS 39158. **FOR ADDITIONAL INFORMATION, WRITE OR PHONE 601-856-7113.**

License issued for one year, with certain exceptions, dates from first day of month of issue, expires on LAST DAY of month covered, and must be renewed during following month; that is same month of original issue, if for one year. **MAILING PAYMENT ON THE LAST DAY OF MONTH IS NOT SUFFICIENT**, but must be received in time for license to be issued within the month due.

**SCHEDULE A - INVENTORY ASSESSMENT TABLE**

IF YOU ARE A WHOLESALE OR RETAIL STORE DEALING IN THE SALE OF GOODS, WARES AND/OR MERCHANDISE:

Assessed value is determined as it appears on the personal property assessment rolls. If you are a new business, add estimated assessed value inventory in No. 1 on front page of application, (estimated assessed value will be 15% of estimated true value).

Then determine the amount of tax you owe by applying assessed value of your inventory to schedule listed below.

| <u>ASSESSED VALUE OF INVENTORY</u> | <u>PAY THIS AMOUNT</u> |
|------------------------------------|------------------------|
| \$0 - \$7,000 .....                | \$20.00                |
| \$7,001 - \$10,000 .....           | \$25.00                |
| \$10,001 - \$12,000 .....          | \$32.50                |
| \$12,001 - \$15,000 .....          | \$40.00                |
| \$15,001 - \$20,000 .....          | \$50.00                |
| \$20,001 - \$25,000 .....          | \$62.50                |
| \$25,001 - \$30,000 .....          | \$75.00                |
| \$30,001 - \$40,000 .....          | \$92.50                |
| \$40,001 - \$50,000 .....          | \$150.00               |
| \$50,001 - \$60,000 .....          | \$200.00               |
| \$60,001 - \$70,000 .....          | \$250.00               |
| \$70,001 - \$80,000 .....          | \$300.00               |
| \$80,001 - \$90,000 .....          | \$340.00               |
| \$90,001 - \$100,000 .....         | \$380.00               |
| \$100,001 - \$125,000 .....        | \$440.00               |
| \$125,001 - \$150,000 .....        | \$560.00               |
| \$150,001 - \$175,000 .....        | \$680.00               |
| \$175,001 - \$200,000 .....        | \$800.00               |
| \$200,001 - \$225,000 .....        | \$920.00               |
| \$225,001 - \$250,000 .....        | \$1,040.00             |
| \$250,001 - \$300,000 .....        | \$1,200.00             |
| \$300,001 - \$350,000 .....        | \$1,360.00             |
| \$350,001 - \$400,000 .....        | \$1,520.00             |
| \$400,001 - \$450,000 .....        | \$1,680.00             |
| \$450,001 and over .....           | \$1,840.00             |

**SCHEDULE B - SERVICE/BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES**

| TOTAL NUMBER OF<br>FULL-TIME EMPLOYEES | FEE   |
|--|---|
| 0 - 3                                  | \$20.00                                     |
| 4 - 10                                 | \$30.00                                     |
| OVER 10                                | \$3.00 PER EMPLOYEE, NOT TO EXCEED \$150.00 |

**SCHEDULING C - MANUFACTURERS**

| TOTAL NUMBER OF<br>FULL-TIME EMPLOYEES | FEE     |
|--|---------|
| 0 - 3                                  | \$20.00 |
| 4 - 10                                 | \$30.00 |
| OVER 10                                | \$80.00 |



# RIDGELAND POLICE DEPARTMENT

## Business Contact Form

PRINT

Print a Copy for your records

### BUSINESS INFORMATION:

Date:

Business Name:

Street Number:  Street Name (example: Rice Road)

Suite Number:  Business Telephone:  *Do not include spaces or characters. example: 6018563877*

Hours of Operation:

Number of Employees based at this Address:  Business Type:

### KEY HOLDERS INFORMATION:

#### **Owner/Manager**

Last Name

First Name

Telephone 1:  *Do not include spaces or characters example: 6018563877*

Telephone 2:  *Do not include spaces or characters example: 6018563877*

*TO BE COMPLETED BY CITY OF RIDGELAND*

PARCEL ID#:

#### **Keyholder**

Last Name

First Name

Title:

Telephone:  *Do not include spaces or characters example: 6018563877*

### OTHER INFORMATION:

Is the business equipped with a burglar alarm?  Select One

If yes, what is the name of the alarm company:

Does the business employ an outside cleaning service?  Select One

If yes, what is the name of the cleaning company:

Provide dates and times of cleaning services:

Does your business store or sell any hazardous materials, firearms or have any type of guard or guard animal on the property?  Select One

If yes, provide further information: