

CHECKLIST REQUIREMENTS FOR OBTAINING A PRIVILEGE TAX LICENSE

- 1. Zoning Department must approve all new business applications. All applicants for a business license must schedule a Privilege License Inspection.**
- 2. Contact Community Development Department (601-856-3877) regarding all requirements related to Certificates of Occupancy, Zoning, Sign Ordinances, Entergy permits and any building inspections.**
- 3. You must check with the City of Ridgeland Water Department to establish water service. Offices for Ridgeland Water are located inside City Hall, 304 Highway 51 or call 601-856-3938 for additional information.**
- 4. If the business will be collecting sales tax, you must apply for and receive a State Sales Tax identification number for MADISON COUNTY from the Mississippi Department of Revenue. All questions regarding State Sales Tax will have to go through Department of Revenue. State Sales Tax Office contact number: 601-923-7700.**
- 5. If the business is a restaurant, you are required to supply a copy of your food permit issued by the State Health Department before opening and every year when you renew your city Privilege License. Health Department Contact number: 601-859-3316**
- 6. If the business is serving beer, you are required to supply a copy of the beer permit issued to the business by the State Tax Commission before opening and every year upon renewal. Alcoholic Beverage Control Department contact number: 601-856-1330**
- 7. If opening a wrecker service, you must contact the City of Ridgeland Chief of Police upon opening for approval. Ridgeland Police Department is located at 115 West School Street. Ridgeland Police Department contact number: 601-856-2121**
- 8. When you close your business, you must contact the City of Ridgeland Privilege Tax License within 30 days of closing for termination.**

NOTE: THE APPROPRIATE City of Ridgeland OFFICIALS MUST INITIAL BELOW BEFORE THE PRIVILEGE LICENSE WILL BE ISSUED. IT IS THE RESPONSIBILITY OF THE APPLICANT TO OBTAIN ALL THE SIGNATURES REQUIRED FOR THEIR BUSINESS.

_____ Inspection, Sign and Zoning (Community Development) 601-856-3877

_____ Ridgeland Chief of Police (wrecker service only) 601-856-2121

_____ Privilege License Application (Paula Tierce, Administration Department) 601-856-7113

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) 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

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.) (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 (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.) FEE FOR SERVICE / BUSINESSES OTHER THAN WHOLESALE - RETAIL STORES (USE SCHEDULE B TO DETERMINE AMOUNT OF FEE, WRITE AMOUNT IN BLOCK 2)	2. _____

MANUFACTURERS ONLY	
3. MANUFACTURERS FEE (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. _____
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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 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 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: