

P.O. Box 113  
Canton, MS 39046-0113

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Ridgeland Fax: 601-898-0731

**Kay Pace**  
Tax Collector  
Madison County

Canton: 601-859-5226  
Flora: 601-879-9537  
Ridgeland: 601-856-4472  
Toll Free: 800-428-0584

APPLICATION FOR PRIVILEGE LICENSE

MS Sales Tax ID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner or Agent-Signature: \_\_\_\_\_  
-Printed: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Parcel #: \_\_\_\_\_

eMail Address: \_\_\_\_\_

IN THIS SECTION, PLEASE SELECT ONLY ONE TYPE OF BUSINESS AND COMPLETE  
NOTE: The term "employee" in this section means full time employees, and in respect to a professional firm or clinic, includes all partners. The term "employees" does not include seasonal employees.

\_\_\_\_\_  
MANUFACTURER Number of Employees: \_\_\_\_\_

\_\_\_\_\_  
WHOLESALE OR RETAIL STORE  
The value of stock in this store never exceeds: \_\_\_\_\_

\_\_\_\_\_  
OTHER BUSINESS, CORPORATION, OR PROFESSIONAL ASSOCIATION  
Specify the Nature of the Business: \_\_\_\_\_  
Number of Employees: \_\_\_\_\_

\_\_\_\_\_  
TRANSIENT VENDOR

Signature of Notary: \_\_\_\_\_  
(Notary or Chancery Seal)  
My Commission Expires: \_\_\_\_\_

Signature of Owner or Agent: \_\_\_\_\_

ZONING VERIFICATION (New business only)

Parcel Number: \_\_\_\_\_  
I have examined the official Zoning Maps of Madison County regarding the current zoning designation of the parcel referenced above. Panel \_\_\_\_\_ of the Zoning Maps of Madison County verify this parcel to be zoned \_\_\_\_\_ at this time.  
Permit Clerk: \_\_\_\_\_ Date: \_\_\_\_\_