

P.O. Box 113  
Canton, MS 39046-0113  
Canton Fax: 601-859-0322  
Madison Fax: 601-898-0731

**C.J. Garavelli**  
Tax Collector  
Madison County

www.madison-co.com • CJ.Garavelli@madison-co.com

Canton: 601-859-5226  
Flora: 601-879-9537  
Madison: 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: \_\_\_\_\_

e-Mail Address: \_\_\_\_\_

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

-Printed: \_\_\_\_\_

**TAX DIST.**  
*Office Use Only*

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

**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 - Use Transient Vendor Form

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

Signature of Notary: \_\_\_\_\_ (Notary or Chancery Seal)

My Commission Expires: \_\_\_\_\_

**ZONING VERIFICATION**  
(New Business Only)

Parcel Number: \_\_\_\_\_

I have examined the official Zoning Map 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: \_\_\_\_\_