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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: _____

Federal Tax ID #: _____ Parcel #: _____

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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 Owner or Agent: _____

Signature of Notary: _____ (Notary or Chancery Seal)

My Commission Expires: _____

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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: _____