

# BUSINESS PRIVILEGE LICENSE RENEWAL

All licenses expire Sept. 30, regardless of issue date. Please verify all information below.

Account No: \_\_\_\_\_

Business Location: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

To: \_\_\_\_\_

Dbas \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Note any changes here: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Business Partners: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Yearly Base Fee..... \_\_\_\_\_

Specialty Fees or Permits \_\_\_\_\_

Penalty ..... \_\_\_\_\_

Prev. Balance or Credit \_\_\_\_\_

**TOTAL DUE** \_\_\_\_\_

***Affidavit:*** I hereby certify that all information given on this application for the purpose of securing a privilege license and determining amount due is true and correct.

**SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Print Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**We accept CASH, CHECK or MONEY ORDER.**

Make checks payable to:

Mail or drop payment in utility drop box.

**City of Olive Branch**

9200 Pigeon Roost Rd.

Olive Branch, MS 38654

Office Use:

CID#

Bill#

Batch#

Serial #

Type:

Ph. 662-892-9238

Fax 662-892-9223

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