

***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. Contact the **Community Development Department** at **(601) 856-3877** to schedule your inspection and with any questions regarding requirements related to Certificates of Occupancy, Zoning, Sign Ordinances, Entergy permits, and building inspections.
  
2. You must come to the City of Ridgeland Water Department to establish water service. This office is located inside City Hall at 100 West School Street. You can reach the **Ridgeland Water Department** at **(601)856-3938** for additional information.
  
3. If the business will be collecting sales tax, you must furnish a copy of your Sales Tax ID certificate (issued for MADISON COUNTY) along with your completed Privilege License application. Contact the **Department of Revenue** at **(601) 923-7700**.with any questions related to obtaining a tax ID certificate.
  
4. If the business is a restaurant, you must supply a copy of your food permit issued by the MS State Department of Health *before opening* and *each year upon renewal* of your City of Ridgeland Privilege License. For food permit questions, contact the **MS State Dept. of Health** at **(601) 859-3316**.
  
5. If the business is serving beer/liquor, you must supply a copy of applicable permits issued by the State Tax Commission *before opening* and *each year upon renewal* of your City of Ridgeland Privilege License. Contact **Alcoholic Beverage Control** at **(601) 856-1330**.
  
6. If opening a wrecker service, you must contact the City of Ridgeland Chief of Police for approval. **Ridgeland Police Department** is located at 115 West School Street. Contact number is **(601) 856-2121**.
  
7. **If you move or close your business you must notify the City of Ridgeland Privilege Tax License Department within 30 days by calling (601)856-7113.**

***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.***

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\_\_\_\_\_ INSPECTION, SIGN AND ZONING (COMMUNITY DEVELOPMENT) 601-856-3877

\_\_\_\_\_ RIDGELAND CHIEF OF POLICE (*WRECKER SERVICE ONLY*) 601-856-2121

\_\_\_\_\_ LICENSE APPLICATION (ADMINISTRATION DEPT.) 601-856-7113

# STATEMENT OF UNDERSTANDING

Name of Owner

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Business Name

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Address of the Property in Question

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Use of the Property in Question

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**The City of Ridgeland Official Zoning Ordinance can be obtained by visiting the City's website ([www.ridgelandms.org](http://www.ridgelandms.org)) and clicking through in the following order: City Government > Community Development > Planning and Zoning > Zoning Regulations > Official Zoning Ordinance.**

**To obtain the Official Zoning Map on our website, click to: City Government > Community Development > [Maps and GIS](#) > Zoning Map.**

***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.***

Business Owner/Agent

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Witness

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# 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*

#### **Keyholder**

Last Name

First Name

Title:

Telephone:

*Do not include spaces or characters  
example: 6018563877*

PARCEL ID#:

*TO BE COMPLETED BY CITY OF RIDGELAND*

### 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:

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 \_\_\_\_\_

**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 \_\_\_\_\_

DO YOU OWN OR OPERATE ANY TYPE OF AMUSEMENT MACHINES \_\_\_\_\_ MACHINES? \_\_\_\_\_

← **All businesses selling a product must provide a State Sales Tax ID Number for Madison County.**

**ONLY ONE CATEGORY BELOW WILL APPLY TO YOUR BUSINESS**

**WHOLESALE AND RETAIL STORES ONLY**

1. ASSESSED VALUED OF INVENTORY (TO THE NEAREST DOLLAR)\* \_\_\_\_\_  
(USE SCHEDULE A ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE WRITE AMOUNT IN BLOCK 1)

\*ASSESSED VALUE = 15% OF TRUE VALUE

**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.) 2. \_\_\_\_\_

FEE FOR SERVICE / BUSINESS OTHER THAN WHOLESALE - RETAIL STORES  
(USE SCHEDULE B TO DETERMINE AMOUNT OF FEE, WRITE AMOUNT IN BLOCK 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. \_\_\_\_\_

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