

**APPLICATION FOR LOCAL PRIVILEGE TAX LICENSE**

The undersigned hereby applies to the Town of Walls, Desoto County, Mississippi, for the privilege of engaging in business in the Town of Walls.

I swear or affirm that I own the business or have a ownership interest therein, or if the applicant is a corporation, that I an the duly authorized agent of the corporation.

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

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

\_\_\_\_\_ City & State

\_\_\_\_\_ Zip

Name of Applicant: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
(If different from Business Address)

Tax Identification Number (TIN): \_\_\_\_\_

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

Number of Employees: \_\_\_\_\_ Date of Application: \_\_\_\_\_

State of Mississippi, County of: \_\_\_\_\_

This day personally appeared before me, the undersigned applicant who being duly sworn says on oath that the matters and things contained in the foregoing application are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Commission Expires

**For office use only:**

**License Number:** \_\_\_\_\_