



## GROWING BOONEVILLE BETTER

Small Business startup guide has been created to assist you, the business owner, in the process/steps of opening a local business within the City of Booneville. Please follow this checklist or contact us @662-416-9278 for additional assistance.

## CONTACT

PHONE:  
662-728-1831

WEBSITE:  
[www.visitbooneville.com](http://www.visitbooneville.com)

## IMPORTANT NUMBERS

|                      |              |
|----------------------|--------------|
| Mayor's Office       | 662-728-5601 |
| Fire Chief           | 662-728-4091 |
| Police Chief         | 662-728-3161 |
| Public Property      | 662-210-0216 |
| Gas and Water Dept.  | 662-728-6259 |
| PCEPA                | 662-728-4433 |
| Park and Rec         | 662-728-4132 |
| Tourism /Main Street | 662-416-9278 |

#Bloomwithus



# SMALL BUSINESS STARTUP GUIDE

## CHECKLIST

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1. Must acquire Department of Revenue (State Sales Tax ID #) Applications available @ [www.dor.ms.gov](http://www.dor.ms.gov)
2. City of Booneville – Privilege License Application Located at 203 N. Main Street.
3. Booneville Fire Inspection (see Fire Chief)
4. If in need of construction to property, one MUST see Charles Sanders @ 662-210-0216 for Building Permits.
5. Gas and Water Requirements SEE ATTACHMENT.
6. ALL businesses serving foods MUST obtain a Food Permit from the Mississippi Department of Health. Go to food @ [msdh.ms.gov](http://msdh.ms.gov). for Food Permits requests.
7. Power will be through Prentiss County Electric Power Association. Contact 662-728-4433.
8. Historic District business questions on signage/ façade improvements MUST acquire permitting with Booneville Main Street office (see Lori Tucker).

## SMALL BUSINESS INCENTIVES

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- Membership with Booneville Main Street Association (see attachment)
- Façade Grant Program
- Historic Tax Credit Incentive Programs
- Local Tax Abatement

BOONEVILLE GAS & WATER  
200 N COLLEGE STREET  
BOONEVILLE, MS 38829  
662.728.6259

## REQUIREMENTS TO ESTABLISH BUSINESS ACCOUNTS

### PROPERTY OWNER

CUSTOMER WILL NEED TO BRING:

- COPY OF DEED
- VALID ID
- COPY OF PRIVILEGE LICENSE (TO OPEN ACCOUNT IN BUSINESS NAME)
- DEPOSITS FOR SELECTED SERVICES (GAS &/OR WATER)
- VOIDED CHECK FOR DIRECT DEPOSIT IF DESIRED

CUSTOMER WILL BE REQUIRED TO COMPLETE AN APPLICATION.

### PROPERTY RENTER

CUSTOMER WILL NEED TO BRING:

- LEASE AGREEMENT
- VALID ID
- COPY OF PRIVILEGE LICENSE (TO OPEN ACCOUNT IN BUSINESS NAME)
- DEPOISTS FOR SELECTED SERVICES (GAS &/OR WATER)
- VOIDED CHECK FOR DIRECT DEPOSIT IF DESIRED

CUSTOMER WILL BE REQUIRED TO COMPLETE AN APPLICATION.

# Obtaining a Food Permit

MSDH now processes food facility permits electronically through the following permit and inspection process:

**Step 1:** Request a Plan Review packet by emailing us.

- **Retail** facilities and caterers: send e-mail to [food@msdh.ms.gov](mailto:food@msdh.ms.gov).
- **Manufactured** food producers: send e-mail to [mfgfoods@msdh.ms.gov](mailto:mfgfoods@msdh.ms.gov)

**Step 2:** Complete the Food Permit application and Plan Review. Send it to the address listed on the Plan Review, or e-mail it to [food@msdh.ms.gov](mailto:food@msdh.ms.gov) (retail facilities) or [mfgfoods@msdh.ms.gov](mailto:mfgfoods@msdh.ms.gov) (manufacturers)

- **Food Permit Application**

To expedite our review please ensure the following:

- Put your facility name on the subject line of the e-mail and on all the documents you submit.
- Provide a complete application **and** plan review including:

## Retail

- Floor plan
- Menu
- Copy of the Food Manager's certificate

## Manufacturers

- Floor/site plan
- Items processed or held

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When applicable, include:

- HACCP Plan (Risk category 3 or 4)
- Seafood HACCP Certification
- Juice HACCP Certification
- Approval of Water Source (if private)
- Approval of On-Site Wastewater System

- Better Process Control School Certification
- Food Safety Plan
- Label of Product(s)

**Please allow 48 hours** for us to acknowledge receipt of your application.  
Review of a completed application may take up to **30 days**.

**Step 3:** Once we receive your plan review package, you will be e-mailed a link to pay the plan review fee of **\$224.25**. Use the link in the e-mail to pay the plan review fee, or pay online using your facility ID at [www.ms.gov/msdh/environmental/Food](http://www.ms.gov/msdh/environmental/Food). The plan review fee must be paid for online before the plan review will begin.

**Step 4:** You should receive an invoice for your permit fee via email once your application has been reviewed and approved.

**Step 5:** Use the link in the e-mail that you receive from us to pay the permit fee, or pay online at [www.ms.gov/msdh/environmental/Food](http://www.ms.gov/msdh/environmental/Food). Enter the "Permit ID Number" exactly as it appears on your invoice. Permits must be paid for online before an inspection can take place.

## Permit Payment

The Division of Food Protection now uses an online payment system and no longer accepts checks or cash in county offices. There is a small **processing fee** associated with online payment.

Pay online at [www.ms.gov/msdh/environmental/food](http://www.ms.gov/msdh/environmental/food) using the Permit ID Number exactly as it appears on your invoice.

- **Pay online now**

**If you have not received an invoice, call the Division of Food Protection at 601-576-7689.**

## Permit fees

The cost of an annual food permit is determined by the risk level assigned to your facility during plan review, and will be evaluated yearly at the time of facility inspection. The annual permitting fee for all facilities has been **increased by 15%** effective August 21, 2017. The revised costs are (subject to change):

- Risk 1: \$40.00
- Risk 2: \$132.25
- Risk 3: \$198.00
- Risk 4: \$264.50

## Re-inspections

Re-inspections following one of our regular facility inspections may be requested by owners when they have made corrections that they believe may result in an improved inspection grade.

Re-inspection fee: \$165.00



## 2021 Partnership Application

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

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

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

Mailing Address(if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Website: \_\_\_\_\_

Social Media:



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_

### Partnership Dues

Please select the fee that applies

☐ \$50 (Individuals/Couples)

☐ \$350 (101-200 Employees)

☐ \$75 (Church/Civic Club)

☐ \$500 (201+ Employees)

☐ \$100 (Up to 4 Employees)

☐ \$175 (5-100 Employees)

### Payment Information

Amount: \_\_\_\_\_ Cash/Check# \_\_\_\_\_

Date of Payment \_\_\_\_\_

Signature of Business owner: \_\_\_\_\_

Return Address: 100 W Church Street Booneville, MS 38829

If you have any questions, please call 662-322-6402 or email

ltucker@booneville-ms.gov

## How do you want to be involved in 2021?

### Participate:

Spring Open House \_\_\_\_\_  
Hospitality Arts Festival \_\_\_\_\_  
Tailgate Ladies Night Out/ Open House \_\_\_\_\_  
Block Party \_\_\_\_\_  
Fall Festival \_\_\_\_\_  
Christmas Open House \_\_\_\_\_  
Christmas Parade \_\_\_\_\_  
Merry Market Nights \_\_\_\_\_

### Sponsor:

Mural Project \_\_\_\_\_  
Hospitality Arts Festival \_\_\_\_\_  
Screen on the Green \_\_\_\_\_  
Block Party \_\_\_\_\_  
Fall Festival \_\_\_\_\_  
Membership Dinner \_\_\_\_\_  
Christmas Parade \_\_\_\_\_

### Volunteer:

Membership Drive \_\_\_\_\_  
Hospitality Arts Festival \_\_\_\_\_  
Block Party \_\_\_\_\_  
Fall Festival \_\_\_\_\_  
Membership Dinner \_\_\_\_\_  
Beautification/ARTS \_\_\_\_\_  
Christmas Parade \_\_\_\_\_

*By selecting any of the above you are not committed to them. This is just to help us know who would like to participate in which event. There may be more events that you can participate, sponsor, or volunteer for throughout the year.*

# **Booneville Main Street Matching Grant Program for Facades and Signs**

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## **Project Guidelines**

The purpose of the incentive Grant Program is to restore, improve or create historic architectural features to facades of commercial buildings anywhere within the Booneville Historic District.

- A. Where practical, all building facades shall be restored to their original period design. If it is deemed not practical by the Booneville Main Street Board, then a similar architectural design shall be used. All horizontal and vertical features shall be retained.
- B. If a building is contributing to the Historic District, the repairs must follow the Historic Preservation Commission's Historic District Design Guidelines.
- C. All storefronts shall be designed, constructed, and maintained to complement and accept the architectural features of the building. All accessories, signs, and awnings shall likewise harmonize with the overall character of the building.
- D. All color schemes shall accent the building as well as harmonize with adjacent buildings. Historic murals will be considered on a case-by-case basis.
- E. Funds shall be allocated by decision from Historic Preservation Commission and when funds are available from Booneville Main Street. Tenants may qualify upon receipt of written consent of the owner of the building. All Grant funds awarded require a matching dollar for dollar expenditure by the owner/tenant. Funds may be rewarded as follows:
  - Up to \$2,000 for facades, storefronts, awnings
  - Up to \$500 for signage
- F. No work for which a Grant is sought should begin until authorized by the Booneville Main Street Association Board.
- G. No Grant monies or matching monies shall be used to perform general repair, structural, or habitable work or otherwise to meet code to occupy building.
- H. To qualify for Grant funds, applicants must be a member in good standing with the Booneville Main Street Association. Application and appropriate plans must be submitted to the Booneville Main Street Office at 100 W Church St. Booneville, MS 38829.
- I. No grants will be made to government-owned properties or to tenants in government owned properties.
- J. Work done by the applicant requires an estimate from an outside source to verify that costs are within reasonable parameters.

# Booneville Main Street Matching Grant Program for Facades and Signs

## Application

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

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

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

\_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Type of Facade improvement planned (note all that apply). Please attach supporting data checklist:

Signage: Removal    New    Altered    Repair

Painting: (Approximate Sq. Ft. area): \_\_\_\_\_

Structural Alterations: \_\_\_\_\_

Cosmetic Alterations (Moldings, etc.): \_\_\_\_\_

Other Work: Please specify (Awnings, etc):

\_\_\_\_\_

Total Cost of Project:

\$ \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Signage not to exceed \$500

Facade not to exceed \$2,000

You may only apply in one category.

I hereby submit the attached plans, specifications and color samples for the proposed project and understand that these must be approved by the Booneville Main Street Board and Historic Preservation Commission. No work should begin until I have received written approval from the Booneville Main Street Board. I further understand that the project must be completed within three (3) months and that Grant monies will not be paid until the project is complete. I agree to leave the completed project in its approved designs and colors for a period of five (5) years from the date of completion.

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

# **Booneville Main Street Matching Grant Program for Facades and Signs**

## **Supporting Data Checklist for Applicants**

### **SIGNS:**

- Provide a color rendering of the design chosen
- Include specifications as to the size and width of the sign
- Note how and where the sign will be hung
- Submit a written estimate from a sign company
- Submit written verification that design and size comply with City Codes

### **PAINT:**

- Provide samples of the colors chosen
- Mark which color will be body color and which will be accent colors
- Note where each color will be used
- Submit written estimate from painter of your choice

### **AWNINGS:**

- Provide information about color and style of awning chosen
- Note where awning will be placed on building
- Submit written estimate
- Submit written verification that design and size comply with City codes

Awning selection must take into account the architectural style of building.

### **MAJOR FACADE ALTERATIONS:**

- Providing a rendering of major changes, including paint and awning colors where applicable
- Submit a written estimate from contractor

### **ALL PROJECTS PROPOSED BY TENANTS:**

- To be eligible for a direct Grant, tenants need to provide a notarized Authorization for Work from the property owner.
- Submit signed Hold Harmless Agreement (see attachment)

# **Booneville Main Street Matching Grant Program for Facades and Signs**

## **Grant Procedures**

1. Fill out an application and checklist and submit one copy to the Booneville Main Street Association office with supporting data by the first of the month. (See attached sheet for required supporting data checklist)
2. Historic Preservation Commission will review the project and submit the package to the Booneville Main Street Board with their recommendation.
3. Projects will be submitted to the Booneville Main Street Board their monthly meeting held on the 3rd Thursday of the month.
4. Once the Board has approved the project, written notice will be delivered and work can begin. No work should start until written notice is received.
5. Grantee is responsible for obtaining any permits required to do the project. Cost of permitting cannot be part of grant funding.
6. Grantee must submit a paid bill for reimbursement together with an affidavit from the contractor certifying the work, as submitted, is complete. Any unapproved changes will void the Grant. If Grantee decides to change the project after approval, they must contact the Booneville Main Street Office.
7. The Booneville Main Street Board reserves the right to grant additional money to targeted projects that they believe will have significant impact on the area or projects that are not located in the Booneville Historic District.
8. Staff will be available to offer any assistance needed and may seek outside guidance on any project being considered for the grant program.
9. Matching Grant Program for Facades and Signs is funded by Booneville Main Street. Applications and grants will be available as funds are available.
10. When the project is complete, the Booneville Main Street Association will reimburse grantee for one of the following:
  - 50% of an approved bill for signage, with Booneville Main Street Association maximum contribution being \$500 or
  - 50% of an approved bill with Booneville Main Street Association maximum contribution being \$2,000

# Booneville Main Street Matching Grant Program for Facades and Signs

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## RELEASE AND HOLD HARMLESS AGREEMENT

Release executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by (Property Owner)\_\_\_\_\_ and (Tenant, if Applicable)\_\_\_\_\_, of (Street Address)\_\_\_\_\_.

City of Booneville, County of Prentiss, State of Mississippi, referred to as Releasor(s).

In consideration of being granted monies for restoration, modifications, signage, or other physical changes to the property located at the above address, the Releasor(s), understands that they are solely responsible for providing their own contractors, and to assure that those contractors are fully insured and licensed and have obtained all necessary permits in accordance with City regulations. The Releasor(s) waives, releases, discharges, and covenants not to sue the Booneville Main Street Association for loss of damage, and claims or damages therefore, on account of any work that has been performed in accordance with the City or State guidelines.

Releasor(s) agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Mississippi and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effort.

Releasor(s) further states that it has carefully read the above release and knows the contents of the release and signs this release as its own free act.

Releasor's obligations and duties hereunder shall in no manner be limited or restricted by the maintaining of any insurance coverage related to the above referenced event.

This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Property Owner Signature\_\_\_\_\_ Witness\_\_\_\_\_

Tenant Signature\_\_\_\_\_ Witness\_\_\_\_\_

Acct. No.

Expiration Date

9/30/21

# Example

## PRIVILEGE LICENSE APPLICATION

THIS APPLICATION REQUIRED BY LAW  
FORM MUST BE COMPLETED & ALL  
QUESTIONS ANSWERED

NAME

The Coffee Shop

APPLICANT

Maria Doe

ADDRESS

123 Undsey Lane  
Booneville, MS 38829BUSINESS  
LOCATION

456 Busy Lane

TELEPHONE

Booneville, MS 38829  
662-322-1234

## TYPE OF BUSINESS

WHOLESALE ☐ SELLING ☒ CORPORATION ☒ NAME OF  
RETAIL ☒ MANUFACTURING ☐ PARTNERSHIP ☐ PARTNERS  
SERVICE ☒ INDIVIDUAL ☐ (IF PARTNERSHIP)

WHEN WILL/DID YOU BEGIN OPERATION OF YOUR BUSINESS IN THE CITY  
KIND OF BUSINESS (PLEASE BE SPECIFIC) Aug. 1st, 2021

STATE SALES TAX ID NUMBER

4567-890-123

LICENSE MUST BE RENEWED AND PAYMENT RECEIVED PRIOR TO EXPIRATION DATE TO AVOID PENALTY.

TOTAL NUMBER OF FULL-TIME EMPLOYEES FOR THE PAST TWELVE (12) MONTHS

3

(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.)

ENTER THE TOTAL HERE AND ON REVERSE SIDE IN BLOCK A.

## WHOLESALE - RETAIL

- AMOUNT OF ASSESSED INVENTORY TO THE NEAREST DOLLAR:  
(SEE SCHEDULE A ON REVERSE SIDE FOR AMOUNT OF FEE AS REQUIRED BY MISSISSIPPI STATUTE.)
- IF YOU SELL LIGHT WINE/BEER, CITY FEE IS \_\_\_\_\_ (MUST ENCLOSE A COPY OF VALID STATE BEER LICENSE)  
(SEE SCHEDULE B ON REVERSE SIDE.)
- DO YOU HAVE GAME MACHINES? NO IF SO, HOW MANY? \_\_\_\_\_ (\$45.00 EACH)
- DO YOU HAVE VENDING MACHINES? Yes NUMBER AT \$10.00 EACH 1 NUMBER AT \$7.50 EACH 0  
(SEE SCHEDULE B ON REVERSE SIDE.)
- DO YOU HAVE KIDDY RIDES? NO IF SO, HOW MANY? \_\_\_\_\_ (\$18.00 EACH)
- DO YOU HAVE MUSIC MACHINES? NO IF SO, HOW MANY? \_\_\_\_\_ (\$27.00 EACH)
- DO YOU SELL FOOD? Yes IF SO, PLEASE ENCLOSE A COPY OF YOUR FOOD PERMIT.

1. 3500.00  
2. 0  
3. 0  
4. 10.00  
5. 0  
6. 0

## OTHER THAN WHOLESALE - RETAIL

- OTHER TYPE OF BUSINESS (EXCEPT MANUFACTURER'S) FEE  
(SEE SCHEDULE B ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.)
- MANUFACTURER'S FEE  
(USE SCHEDULE C ON REVERSE SIDE TO DETERMINE AMOUNT OF FEE.)
- TOTAL PRIVILEGE LICENSE FEE DUE (ADD BLOCKS 1 THRU 9)

8. 0  
9. 0  
10. 30.00

## AFFIDAVIT

I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION FOR THE PURPOSE OF SECURING A PRIVILEGE LICENSE, AND DETERMINING THE AMOUNT DUE, IS TRUE AND CORRECT.

SIGNATURE

Maria Doe

TITLE

owner

DATE

7/20/2021

APPLICATION MUST BE ACCOMPANIED BY REMITTANCE PAYABLE TO  
FOR ADDITIONAL INFORMATION,

PHONE 662-706-4567

City of Booneville  
203 N. Main Street  
Booneville, MS 38829

A. TOTAL NUMBER OF FULL-TIME EMPLOYEES

A.

### 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.

| ASSESSED VALUE OF INVENTORY | PAY THIS AMOUNT | ASSESSED VALUE OF INVENTORY | PAY THIS AMOUNT |
|-----------------------------|-----------------|-----------------------------|-----------------|
| \$0 - \$7,000 .....         | \$20.00         | \$90,001 - \$100,000 .....  | \$380.00        |
| \$7,001 - \$10,000 .....    | \$25.00         | \$100,001 - \$125,000 ..... | \$440.00        |
| \$10,001 - \$12,000 .....   | \$32.50         | \$125,001 - \$150,000 ..... | \$560.00        |
| \$12,001 - \$15,000 .....   | \$40.00         | \$150,001 - \$175,000 ..... | \$680.00        |
| \$15,001 - \$20,000 .....   | \$50.00         | \$175,001 - \$200,000 ..... | \$800.00        |
| \$20,001 - \$25,000 .....   | \$62.50         | \$200,001 - \$225,000 ..... | \$920.00        |
| \$25,001 - \$30,000 .....   | \$75.00         | \$225,001 - \$250,000 ..... | \$1,040.00      |
| \$30,001 - \$40,000 .....   | \$92.50         | \$250,001 - \$300,000 ..... | \$1,200.00      |
| \$40,001 - \$50,000 .....   | \$150.00        | \$300,001 - \$350,000 ..... | \$1,360.00      |
| \$50,001 - \$60,000 .....   | \$200.00        | \$350,001 - \$400,000 ..... | \$1,520.00      |
| \$60,001 - \$70,000 .....   | \$250.00        | \$400,001 - \$450,000 ..... | \$1,680.00      |
| \$70,001 - \$80,000 .....   | \$300.00        | \$450,001 and over .....    | \$1,840.00      |
| \$80,001 - \$90,000 .....   | \$340.00        |                             |                 |

### SCHEDULE B - ALL BUSINESS

(OTHER THAN MANUFACTURERS & WHOLESALE/RETAIL STORES)

| CODE       | EMPLOYEES                                                | FEE                                                                  |
|------------|----------------------------------------------------------|----------------------------------------------------------------------|
| 27-17-009  | 0 - 3                                                    | \$20.00                                                              |
|            | 4 - 10                                                   | \$30.00                                                              |
|            | OVER 10                                                  | \$3.00 PER EMPLOYEE,<br>NOT TO EXCEED \$150.00                       |
| 27-17-035  | AUTO RENTAL                                              | \$15.00 (CLASS 1)<br>\$10.00 (CLASS 2)<br>\$5.00 (CLASS 3 - CLASS 7) |
| 27-17-299A | PAWN BROKER                                              | \$250.00                                                             |
| 27-17-299B | ADDITIONAL TAX, DEADLY WEAPONS                           | \$250.00                                                             |
| 27-17-415  | WEAPONS, DEALERS IN DEADLY                               | \$100.00                                                             |
| 27-71-303  | LIGHT WINE/BEER                                          |                                                                      |
|            | (A) RETAILERS - FOR EACH PLACE OF BUSINESS .....         | \$30.00                                                              |
|            | (B) WHOLESALEERS OR DISTRIBUTORS - FOR EACH COUNTY ..... | \$100.00                                                             |
|            | (C) MANUFACTURERS - FOR EACH PLACE OF BUSINESS .....     | \$1,000.00                                                           |
|            | (D) BREWPUBS - FOR EACH PLACE OF BUSINESS .....          | \$1,000.00                                                           |

### SCHEDULE C - MANUFACTURERS

| EMPLOYEES | FEE     |
|-----------|---------|
| 0 - 3     | \$20.00 |
| 4 - 10    | \$30.00 |
| OVER 10   | \$80.00 |

### SCHEDULE D - VENDING MACHINES

For each postage machine.....\$2.00

For each cigarette machine.....\$2.50

All other machines requiring the deposit of a coin of more than twenty cents (20¢) ..... \$10.00 each

All other machines requiring the deposit of a coin of ten cents (10¢) and not more than twenty cents (20¢) ..... \$7.50 each

For each machine requiring the deposit of a token, coin, or coins, of Five Cents (5 cent(s) ) and less than Ten Cents (10 cent(s) ) . \$5.00

Please list each Vending Machine separately. (Attach additional sheet if needed).

Vending Machine Owner \_\_\_\_\_ Type of Machine\* \_\_\_\_\_

Owner's Address \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_ Item Cost \*\* \_\_\_\_\_

Vending Machine Owner \_\_\_\_\_ Type of Machine\* \_\_\_\_\_

Owner's Address \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_ Item Cost \*\* \_\_\_\_\_

Vending Machine Owner \_\_\_\_\_ Type of Machine\* \_\_\_\_\_

Owner's Address \_\_\_\_\_

Responsible Party for Taxes \_\_\_\_\_ Item Cost \*\* \_\_\_\_\_

\* Type of Vending Machines - Air; Vacuum; Car Wash; Drinks (Soft drinks, coffee, juice, etc.); Food (candy, chips, cookies, sandwiches, etc.); Gum Ball; Newspaper; Personal Items (shampoo, combs, brushes, soap, etc.); Cigarettes; Laundry Products; Postage; and Coin Changers.

\*\* Item Cost - Cost of most expensive item in machine.

Example

## Booneville Fire Department Fire Inspection Report

Fire Chief  
Michael Rutherford

Phone: 728-4091  
728-8801

Fire Inspector  
~~Jeremy Childress~~

Name of Business: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Owner or Manager: \_\_\_\_\_  
Emergency Contact and Telephone Number: \_\_\_\_\_

### General Requirements

Type of Occupancy: \_\_\_\_\_  
Is Current Privilege Tax License Posted and Visible: ( ) Yes ( ) No ( ) N/A  
Are Exits, Hallways, and Stairway Unobstructed: ( ) Yes ( ) No ( ) N/A  
Exit Signs Over Fire Exit Doors: ( ) Yes ( ) No ( ) N/A  
Sprinkler Heads Clear of Obstructions by 18 Inches: ( ) Yes ( ) No ( ) N/A  
Storage of Flammables In This Building: ( ) Yes ( ) No Outside This Building ( ) Yes ( ) No  
If Yes to Either of Above, What Kind(s): \_\_\_\_\_ Location: \_\_\_\_\_  
What Amount(s) of Flammables are usually on Hand: \_\_\_\_\_  
Are Compressed Gases Used at This Facility: ( ) Yes ( ) No ( ) N/A  
If Yes, Are Cylinders Stored Upright and Secured: ( ) Yes ( ) No ( ) N/A

### Fire Protection

Number of Extinguishers: \_\_\_\_\_ Type of Extinguishers: \_\_\_\_\_  
Are Extinguisher (s) Within 75' of Exit Door or another Extinguisher: ( ) Yes ( ) No  
Last Date of Inspection on Extinguisher Inspection Tag: \_\_\_\_\_  
Fire Extinguisher (s) Mounted at Least 4 Inches From Floor and No More Than 5 Feet Max Height.  
Fire Extinguisher (s) Readily Accessible: ( ) Yes ( ) No  
Does Kitchen Have Automatic Smothering System in Hood: ( ) Yes ( ) No ( ) N/A  
Is There a 40 BC Minimum Fire Extinguisher, Other Than Smothering System Mounted in the Kitchen Area: ( ) Yes ( ) No  
Date of Last Inspection on Hood Smothering System: \_\_\_\_\_  
Automatic Fire Alarm: ( ) Yes ( ) No If Yes, Who Receives the Alarm: \_\_\_\_\_  
Smoke Detectors Present: ( ) Yes ( ) No If Yes, How Many: \_\_\_\_\_  
Emergency Lighting: ( ) Yes ( ) No

### Electrical

Are All Electrical Panels Accessible: ( ) Yes ( ) No Are Panels Closed: ( ) Yes ( ) No  
Are Electrical Panels Labeled: ( ) Yes ( ) No Are Breakers Labeled: ( ) Yes ( ) No  
Are Any Extension Cords Being Used For Permanent Wiring in This Facility: ( ) Yes ( ) No

### Housekeeping

Outside Appearance: ( ) Good ( ) Fair ( ) Poor Inside Appearance: ( ) Good ( ) Fair ( ) Poor  
List, If Any, Holes in Floors, Walls, or Ceilings: \_\_\_\_\_

### Comments

Inspection : ( ) Passed ( ) Failed Re-inspect: \_\_\_\_\_

Authorized Representative of Facility Being Inspected: \_\_\_\_\_

FD Rep. \_\_\_\_\_