



| Date: | |
|---|---|
| Dear Business Owner: | |
| For any person or entity wanting to sell beer and/or light w completed before receiving a privilege license from the City | |
| MS State Department of Health Food Pe State of Mississippi Retailer Beer Permit Compliance Representative Name: | |
| For any person or entity wanting to sell beer and/or light w must be completed before receiving a privilege license fron | |
| MS State Department of Health Food Pe State of Mississippi On Premises Retail A State of Mississippi Retailer Beer Permit Compliance Representative Name: | Alcoholic Beverage Permit |
| Security Cameras with Digital Video Reco | o and 7 days of storage space) (Sec. 14-100.5) 14-100.6) |
| By signing below, I certify that the above information is tr | ue and correct to the best of my knowledge. |
| Name of Business Owner/Applicant | Date |
| Address | Phone # |
| Please feel free to contact our office for further assistance of 662-232-2400 with any specific questions related to the ite | |
| Thank You, | |
| City of Oxford | |
| City Clark's Office | |
| City Clerk's Office | |