



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	