

PRIVILEGE LICENSE APPLICATION

Customer ID _____

Business ID _____

License # _____

(Check one) Individual

Partnership Corporation LLC

(If partnership, LLC or corporation, please complete Application and Attachment 1)

BUSINESS OWNER INFORMATION

Date _____

BUSINESS OWNER NAME _____

ADDRESS: _____
Street City State Zip

HOME PHONE NO : (_____) _____ BUSINESS PHONE _____

FAX # _____ ADDITIONAL TELEPHONE #'S _____

MAILING ADDRESS, IF DIFFERENT, _____

EMAIL ADDRESS _____ WEB SITE _____

SSN/FID _____ STATE ID _____

BUSINESS INFORMATION

TYPE OF BUSINESS: _____

DO YOU SELL BEER? _____

DO YOU SELL TOBACCO? _____

DO YOU SELL OR SERVE FOOD? _____

(If yes, additional documents required- see instructions)

IF THE BUSINESS YOU ARE CONDUCTING IS A SERVICE TYPE BUSINESS, **HOW MANY** FULL-TIME EMPLOYEES DO YOU HAVE?

(See instructions for further information)

IF THE BUSINESS YOU ARE CONDUCTING IS A SALES TYPE BUSINESS, **HOW MUCH** IS YOUR INVENTORY?

\$ _____
(See instructions for further information)

THE BUSINESS IS A RENTAL CAR BUSINESS, HOW MAN RENTAL CARS DO YOU HAVE?

TRADE NAME (DBA): _____

LOCATION: _____ GULFPORT, MS 3950 _____

HOME BASED _____ YES _____ NO (IF YES AND YOU OWN HOME, SKIP)

WHAT WAS IN THIS LOCATION BEFORE YOUR BUSINESS, IF KNOWN? _____

IS YOUR BUSINESS LOCATION IN A MALL, SHOPPING CENTER OR OFFICE COMPLEX?
_____ YES _____ NO

IF, YES, WHAT IS THE NAME OF THE COMPLEX?

ARE YOU LEASING THIS LOCATION? _____ IF YES, WHEN DOES YOUR LEASE END? _____

NAME AND ADDRESS OF LANDLORD _____

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.

APPLICANT MUST SIGN HERE: _____

PRINT NAME HERE: _____

IF PARTNERSHIP OR CORPORATION, GIVE OFFICIAL TITLE OF PERSON MAKING APPLICATION

AFFIDAVIT

SUBSCRIBED AND SWORN TO BEFORE ME, THIS THE _____ DAY OF _____

OFFICIAL TITLE

OFFICE USE ONLY

APPROVAL TO ISSUE PRIVILEGE LICENSE BY PLANNING AND BUILDING REPRESENTATIVES

NAME OF BUSINESS _____ DATE _____

LOCATION OF BUSINESS _____ ZONING DISTRICT _____

APPROVED FOR: _____ PERMANENT TEMPORARY FOR _____ DAYS PRIVILEGE LICENSE ENDING ____/____/____

FOR CONDUCTING THE BUSINESS OF: _____

RESTRICTIONS, IF ANY _____ BY _____

COMMENTS _____ BY _____

APPROVED BY:

PLANNING DIVISION _____ PLEASE PRINT NAME _____

BUILDING CODE SERVICES _____ PLEASE PRINT NAME _____

LICENSED ISSUED BY:

URBAN DEVELOPMENT BUILDING CODE SERVICE DEPARTMENT _____