

**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)**

NEW BUSINESS  EXISTING BUSINESS/CHANGE OF ADDRESS

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 \_\_\_\_\_

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 \_\_\_\_\_

**LICENSE ISSUED BY:**

URBAN DEVELOPMENT BUILDING CODE SERVICES DEPARTMENT \_\_\_\_\_

**\*\*\*STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 60 DAYS IF A PRIVILEGE LICENSE IS NOT ISSUED\*\*\***