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| **PRIVILEGE TAX LICENSE**  **MOBILE VENDORS PEDDLERS/SOLICITORS** |

Customer ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| **ANNUAL LICENSE** | | | | | | | **TEMPORARY / SPECIAL EVENT** | | | | | | | | | | |
| **Name of Business:** |  | | | | | | | | | | | | | | | | | |
| **Name of Applicant:** |  | | | | | | | | **Social Security #:** | | |  | | | | | | |
| **Telephone Number:** |  | | | | | | | | | **Alt Number:** |  | | | | | | | |
| **Personal Description:** | **Height:** | **Weight:** | | | | **Gender:**  **Male**  **Female** | | | | **Complexion:** | | | | **Hair:** | | | | |
| **Address (Legal & Local):** |  | | | | | | | **City:** | |  | | | | | **Zip:** | |  | |
| **If Employed:** | | | | | | | | | | | | | | | | | | | |
| **Name of Employer:** |  | | | | | | | | | | | | | | | | | |
| **Address of Employer:** |  | | | | | | | **City:** | |  | | | | | | **Zip:** |  | |
| **Type of Business:** | **Sole Ownership** | | | **Partnership** | | | | | **Corporation** | | | | **Other** | | | | | |
| **If Corporation, organized under laws of State of:** | | | | |  | | | | | | | | | | | | | |
| ***If Corporation or Partnership, please list names of Officers or Partner(s) on Page 3.*** | | | | | | | | | | | | | | | | | | |
| ***Special Event/Parade/Block Party Information: (If applicable)*** | | | | | | | | | | | | | | | | | | | |
| **Name of Event/Parade/Block Party:** | | |  | | | | | | | | | | | | | | | |
| **Date(s) of Event:** | | |  | | | | | | | | | | | | | | | |
| **Address/Location of Event:** | | |  | | | | | | | | | | | | | | | |
| ***Business Information:*** | | | | | | | | | | | | | | | | | | | |
| **Brief Description of Nature of Business:** | | |  | | | | | | | | | | | | | | | |
| **Goods to be Sold:** |  | | | | | | | | | | | | | | | | | |
| ***Mobile Vendor:*** | | | | | | | | | | | | | | | | | | | |

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| MOBILE VEHICLE INFORMATION: | | | | | |
| YEAR: | MAKE: | MODEL: | COLOR: | LICENSE STATE: | TAG ID # : |

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| ***REQUIREMENTS: \*\* FAILURE TO PROVIDE ALL APPLICABLE REQUIREMENTS WILL RESULT IN A DENIED LICENSE\*\**** | | |
| * ***For Out-of-Town Applicants:*** A background check with the City of Gulfport Police Department, including a full set of rolled and plain impressions of fingerprints accompanied by a recent full face identification type of photograph of applicant showing the head uncovered size (2” x 2”). This is a separate fee of $25.00 per person and could take up to (10) days. * Four (4) statements in writing (2-from personal relation, 2-from a business associate) indicating as to the good character and business responsibility of the applicant as will enable an investigator to properly evaluate such character and business responsibility. * Copy of ***FOOD PERMIT*** (CURRENT HEALTH CERTIFICATE LETTER GRADE) from the Mississippi Department of Health. ***Health Department permit is needed if non package food is sold (Telephone: 228-575-4093)*** * BOND: $1000 on each Peddler/Solicitor/Mobile Vendor or a Company Bond payable to City of Gulfport. * FEE: $25.00 fee per Peddler/Solicitor/Mobile Vendor. * ***If Applicable:*** Must provide adequate pictures of Mobile Vehicle used for this licensing. |

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| **REQUEST FOR ADDITIONAL BUSINESS INFORMATION** | |
| ***In addition to the information you provided in the “Privilege Tax License Application,” please accurately and truthfully respond to the following:*** | |
| 1. Please state whether any item, substance, or product to be offered for sale or otherwise part of any business transaction involving your business will be prohibited by Mississippi law. | |
| YES | NO |
| 1. Please state whether any item, substance, or product to be offered for sale or otherwise part of any business transaction involving your business will contain or consist of any amount of “THC” (tetrahydrocannabinol). | |
| YES | NO |
| 1. Please state whether you are aware of Miss. Code Ann. § 41-29-136, as amended, and its effects regarding “CBD oil” and “CBD solutions.” | |
| YES | NO |
| 1. Please state whether any item, substance, or product to be offered for sale or otherwise part of any business transaction involving your business will violate Miss. Code Ann. § 41-29-136, as amended, (also referred to as “Harper Grace’s Law”). | |
| YES | NO |
| 1. Please state whether any item, substance, or product to be offered for sale or otherwise part of any business transaction involving your business will contain or consist of any amount of a “controlled substance,” as such is defined by Mississippi law (Miss. Code Ann. § 41-29-105, as amended). | |
| YES | NO |
| 1. Please state whether any item, substance, or product to be offered for sale or otherwise part of any business transaction involving your business will contain or consist of any amount of a substance, product, or item prohibited by Miss. Code Ann. § 41-29-101, et seq. (Mississippi’s “Uniform Controlled Substances Law”) or any other Mississippi law or will constitute “paraphernalia” (as defined in Miss. Code Ann. § 41-29-105(v)) and prohibited by Mississippi law. | |
| YES | NO |
| 1. Have you, or anyone working for you, been convicted within the last five (5) years of any felony or misdemeanor in violation of any state or federal statute or any local ordinance, other than minor traffic offenses. | |
| YES | NO |
| ***I HEREBY CERTIFY THAT THE ABOVE STATEMENTS AND INFORMATION GIVEN ON THIS APPLICATION ARE TRUE AND CORRECT.*** | |

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| **Signature:** |  | | | **Date:** |  | |
|  |  |  |  | | |  |
| **Title:** |  | | |  | |  |
|  |  |  |  | | |  |
| **Contact Telephone #:** |  | | |  | |  |

***\*\*COPY OF GOVERNMENT ISSUED PHOTO IDENTIFICATION REQUIRED FOR INDIVIDUAL COMPLETING APPLICATION\*\*MUST BE NOTARIZED BELOW OR APPLICATION WILL BE DENIED\*\****

*Subscribed and affirmed before me in the county of* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****, State of* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****, this day* ***\_\_\_\_\_\_\_*** *of* ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****, 20****\_\_\_\_\_****.*

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| *(Notary’s Official Signature)* |
|  |
| *(Commission Expiration)* |

**URBAN DEVELOPMET - OFFICE USE ONLY**

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| ***Planning Division:*** |  |  |
| |  |  |  | | --- | --- | --- | |  | **(Signature)** | **(Print Name)** | | | |
| ***Building Code Services:*** |  |  |

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| --- | --- | --- |
|  | **(Signature)** | **(Print Name)** |

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| Name of Officer/Partner: |  | | | | |
| Address: |  | City: |  | Zip: |  |
| Phone: |  | | | | |

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| --- | --- | --- | --- | --- | --- |
| Name of Officer/Partner: |  | | | | |
| Address: |  | City: |  | Zip: |  |
| Phone: |  | | | | |

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| Name of Officer/Partner: |  | | | | |
| Address: |  | City: |  | Zip: |  |
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| Phone: |  | | | | |

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| Name of Officer/Partner: |  | | | | |
| Address: |  | City: |  | Zip: |  |
| Phone: |  | | | | |

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| Name of Officer/Partner: |  | | | | |
| Address: |  | City: |  | Zip: |  |
| Phone: |  | | | | |