

Customer ID _____ Business ID _____ License # _____

PRIVILEGE LICENSE APPLICATION

(Check one) Individual Partnership Corporation LLC
(If partnership, LLC or corporation, please complete Application and Attachment 1)

- 1) BUSINESS OWNER NAME _____
- 2) Address _____
City /State/Zip code _____
- 3) Home phone # _____ 4) Business phone # _____
- 5) Fax # _____ 6) Additional telephone #'s _____
- 7) Mailing Address, If different, _____

- 8) Email address _____ 9) Web Site _____
- 10) SSN/FID _____ 11) State ID _____
- 12) TRADE NAME (DBA) _____
- 13) LOCATION _____ GULFPORT, MS 3950 _____
 - 14) Home based ____yes____no (If yes and you own home, skip to #21)
 - 15) What was in this location before your business, if known? _____
 - 16) Is your business location in a mall, shopping center or office complex? ____yes____no
 - 17) If yes, what is the name of the complex? _____
 - 18) Are you leasing this location? ____ If yes, when does your lease end? _____
 - 20) Name and Address of Landlord _____

- 21) TYPE OF BUSINESS _____
 - 22) Do you sell beer? ____ 23) Do you sell or serve food? ____
(If yes to #22 and/or #23, additional documents required-see instructions)
 - 24) If the business you are conducting is a service type business, **how many** full-time employees do you have? ____ (See instructions for further information)
 - 25) If the business you are conducting is a sales type business, **how much** is your inventory? \$ ____ (See instructions for further information)
 - 26) If business is a rental car business, how many rental cars do you have? _____

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 _____, 20__.

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:

1.) PLANNING DIVISION _____

PLEASE PRINT NAME _____

2.) BUILDING CODE SERVICES _____

PLEASE PRINT NAME _____

LICENSED ISSUED BY:

3.) GENERAL FINANCE DEPARTMENT _____

**ATTACHMENT 1
PRIVILEGE LICENSE APPLICATION
CITY OF GULFPORT**

(TO BE COMPLETED FOR BUSINESSES THAT ARE LIMITED LIABILITY COMPANY,
PARTNERSHIP OF CORPORATION)

Please list the names, addresses, and telephone numbers below of all owners, partners or officers, who have an interest in the company for which this privilege license is being applied.

(1) Name _____ () _____
Address _____ () _____
City/State _____

(2) Name _____ () _____
Address _____ () _____
City/State _____

(3) Name _____ () _____
Address _____ () _____
City/State _____

(4) Name _____ () _____
Address _____ () _____
City/State _____

Please list **contact person's** name, address, and telephone numbers below.

Name _____ () _____
Address _____ () _____
City/State _____
Title _____

Signature _____ Title _____ Date _____

Licensed Company Name

INSTRUCTIONS FOR COMPLETING PRIVILEGE LICENSE APPLICATION

The attached form is required under Section 27-17-453, Mississippi Code 1972 Annotated, as supplemented and amended. Positively no license will be issued without a properly executed application, which is kept on file for three years, as required by law.

(Blanks above the words "Privilege License Application" are for office use only)

Check if business is an Individual, Limited Liability Company, Partnership or Corporation.

- 1-3) If sole proprietorship (individual), enter owner's information. If Corporation, Partnership or Limited Liability Company, enter name, which is on documents filed with Secretary of State's office and complete Attachment 1 and return with application.
- 4-6) Give requested numbers related to the business
 - 7) Give address to which bills, licenses and all other correspondence is to be mailed.
- 8-9) Give requested information, if applicable.
 - 10) Give your Social Security number or Federal Identification number
 - 11) Give your State ID number (Sales tax number or corporate number)
 - 12) Use the name for your business that you use in the telephone book and your advertisement
- 13) Physical location of business.
- 14) Will your business be conducted in your home? (If yes, go to #21)
- 15) Enter the name of the business previously in this location, if known.
- 16) Is your business located in a named building or complex? (i.e. Crossroads or Markham Building) (If no, go to # 18)
- 17) Enter name of complex or building.
- 18) Enter whether you lease your business location. (If no, go to # 21)
- 19) Enter the date your lease on business location ends.
- 20) Enter name and address of landlord of business location.
- 21) Enter **specifically** what you do in your business. (EX: auto body shop, attorney, Shoe store)
- 22) Enter yes or no, whichever is applicable, as to whether you will sell beer or light wines. If yes, you will need to provide this office with a **copy of your current state beer permit with this application and with your renewal payment each year** before license can be issued.
- 23) Enter yes or no, whichever is applicable, as to whether you will sell or serve food or beverages at your business. If yes, you will need to provide this office with a copy of your **current health certificate** with this application and with your renewal each year before license can be issued. (**Please note:** If you sell only pre-packaged items and use only disposable cups, plates etc., you **may** not be required to have a health certificate. Please check with health department.)
- 24) Service type business is any business that provides a service for a fee. This also includes sales businesses which do not have stock on hand to sell. Enter **total** number of **owners, partners, and employees**, who work **30 or more hours a week** at or from this location. May not be -0-.
- 25) Sales type business is any business which has merchandise **on hand** to sell that the customer can purchase. Enter total amount of inventory at **your cost**.
- 26) Rental car businesses-enter number of vehicles to rent. If number varies, give average number.

(OVER)

CERTIFICATION AND SIGNATURES

Application must be signed by owner or authorized agent.

Print name under signature.

Enter title of applicant.

Application must be signed in the presence of a notary, who will complete the affidavit section **or** signed in the presence of an authorized person in the General Finance Department. If signed in office, the staff person will complete the affidavit portion.

APPROVAL OF BUILDING AND LOCATION

After application and any attachments, if applicable, are completed, it must be taken by the applicant or authorized agent to the City of Gulfport Planning Division and Building Code services for approval of location and building. You may want to call them at the number below to discuss the requirement, if any, they may have for you before they can approve your application. When both offices have signed application, applicant or agent returns to the General Finance Department with completed application and all other required documents as stated above to complete the licensing process.

City Offices

General Finance
(228) 868-5755

Planning Division
(228) 868-5710

Building Code Services
(228) 868-5715