

PRIVILEGE LICENSE APPLICATION

Ver. 12/2018

Customer ID _____

Business ID _____

License # _____

(Check one) Individual

Partnership Corporation LLC

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 _____

*****COPY OF OWNER'S OR AUTHORIZED AGENT'S STATE ISSUED I.D. MUST BE ATTACHED*****

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)

IF BUSINESS IS A RENTAL CAR BUSINESS, HOW MANY 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 (AND IN ANY REQUEST FOR ADDITIONAL INFORMATION) 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*****

REQUEST FOR ADDITIONAL BUSINESS INFORMATION

In addition to the information you provided in the "Privilege License Application," please accurately and truthfully respond to the following:

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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

APPLICANT MUST SIGN HERE: _____

PRINT NAME HERE: _____

DATE: _____

