PRIVILEGE LICENSE APPLICATION

APPLICATION

Ver. 12/2018

Customer ID _____

Business ID _____

License # _____
(Check one) Individual □

$\square \text{NEW}$ business $\square \text{Existing}$ business/change of address

Date_					
City	State	7in			
,					
FAX # ADDITIONAL TELEPHONE #'S					
MAILING ADDRESS, IF DIFFERENT,					
WEB SITE					
STATE ID					
	City _ BUSINESS PHONE IAL TELEPHONE #'S WEB SITE	City StateBUSINESS PHONE [AL TELEPHONE #'S			

(Check one) Individual \square	EMAIL ADDRESS	WEB SITE		
Partnership Corporation LLC	SSN/FID	STATE ID		
COPY OF OWNER'S OR AUTHO	ORIZED AGENT'S	STATE ISSUED I.D. MUST BE ATTACHED		
BUSINESS INFORMATION	TRADE NAME (DBA):			
TYPE OF BUSINESS:	LOCATION:	GULFPORT, MS 3950		
DO YOU SELL BEER?	HOME BASED	YES NO (IF YES AND YOU OWN HOME, SKIP)		
DO YOU SELL TOBACCO?	WHAT WAS IN THIS L	OCATION BEFORE YOUR BUSINESS, IF KNOWN?		
DO YOU SELL OR SERVE FOOD?	IS YOUR BUSINESS LOCATION IN A MALL, SHOPPING CENTER OR OFFICE COMPLEX			
(If yes, additional documents required- see instructions)		YES NO		
IF THE BUSINESS YOU ARE CONDUCTING IS A SERVICE TYPE BUSINESS, HOW MANY	IF, YES, WHAT IS THE NAME OF THE COMPLEX? ARE YOU LEASING THIS LOCATION? IF YES, WHEN DOES YOUR LEASE END?			
FULL-TIME EMPLOYEES DO YOU HAVE?				
(See instructions for further information)	NAME AND ADDRESS	NAME AND ADDRESS OF LANDLORD		
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?	IN ANY REQUEST FO	THAT ALL INFORMATION GIVEN ON THIS APPLICATION (ANIOR ADDITIONAL INFORMATION) FOR THE PURPOSE OF EGE LICENSE, AND DETERMINING THE AMOUNT DUE, IS TRU		
		SN HERE:		
	PRINT NAME HERE: _			
PARTNERSHIP OR CORPORATION, GIVE OFFICIAL TITLE	OF PERSON MAKING APPLIC.	ATION		
	<u>AFFIDAVI</u>	<u>r</u>		
UBSCRIBED AND SWORN TO BEFORE ME, THIS TH	E	DAY OF		
FFICIAL TITLE				
	OFFICE USE O	NLY		
APPROVAL TO ISSUE PRIVI	LEGE LICENSE BY PLAN	INING AND BUILDING REPRESENTATIVES		
AME OF BUSINESS		DATE		
OCATION OF BUSINESS		ZONING DISTRICT		
PPROVED FOR: PERMANENT TEM	IPORARY FOR	DAYS PRIVILEGE LICENSE ENDING/		
OR CONDUCTING THE BUSINESS OF:				
ESTRICTIONS, IF ANY	BY			
DMMENTS		BY		
PPROVED BY:				
ANNING DIVISION	PLEASE	PRINT NAME		
UILDING CODE SERVICES	PLEASE	PRINT NAME		
CENSE ISSUED BY:				
RBAN DEVELOPMENT BUILDING CODE SERVICES	DEPARTMENT			
STAFF APPROVAL OF THIS APPLICAT	TION EXPIRES AFTER	60 DAYS IF A PRIVILEGE LICENSE IS NOT ISSUED		

REQUEST FOR ADDITIONAL BUSINESS INFORMATION

In addition to the information and truthfully respond to the f	-	Privilege License Application," please accurately			
		et to be offered for sale or otherwise part of any e prohibited by Mississippi law.			
YES _		NO			
		et to be offered for sale or otherwise part of any contain or consist of any amount of "THC"			
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 <u>Miss. Code Ann.</u> § 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			
PRINT NAME HERE:					
DATE:	<u> </u>				

RESTRICTIONS SET OUT THEREIN.

CITY OF GULFPORT CERTIFICATE OF ZONING COMPLIANCE VER. 5/2018

PLEASE PRINT LEGIBLY

1410 24th Avenue, Gulfport, Mississippi 39501 (228) 868-5715
PLEASE READ AND FILL IN ALL INFORMATION THAT IS REQUESTED. FAILURE TO COMPLETE THIS APPLICATION MAY RESULT IN A DELAY IN ISSUING THE CERTIFICATE. ***STAFF APPROVAL OF THIS APPLICATION EXPIRES AFTER 60 DAYS IF REQUIRED PERMITS OR LICENSES ARE NOT ISSUED****

SECTION I. To be filled in by applicant				
APPLICANT INFORMATION NAME OF	Describe Your Business in			
APPLICANT:LAST FIRST	Detail Below:			
ADDRESS:				
STREET				
CITY STATE ZIPCODE	-			
PHONE:()FAX.:()				
PROPERTY INFORMATION				
PHYSICAL ADDRESS/LOCATION OF SUBJECT SITE ("Subject Site"):				
AD VALOREM TAY DARGET #				
AD VALOREM TAX PARCEL # IF METES AND BOUNDS ATTACH PHOTOCOPY OR DEED OR SURVEY WITH LEGAL DESCRIPTION				
APPLICANT'S CONNECTION WITH SUBJECT SITE (e.g., Owner, Lessee, etc.):				
PROPOSED/INTENDED USE OF SUBJECT SITE. Use back, if needed:				
PROPOSED/INTENDED HOURS OF OPERATION OF PROPOSED/INTENDED USE OF SUBJECT SITE:				
IF APPLICABLE, NUMBER OF DWELLING UNITS SUBJECT SITE IS				
DESIGNED TO ACCOMMODATE:				
IF THIS IS FOR A HOME OCCUPATION, ARE THERE PROTECTIVE COVENANTS THAT EXIST THAT PROHIBIT HOME OCCUPATIONS AT THE PROPOSED LOCATION: (Check ONE) YES NO				
IF A SITE PLAN WAS NOT FURNISHED WITH AN APPLICATION FOR A BUILDING PERMIT SUBMITTED TO THE DEPARTMENT OF URBAN DEVELOPMENT FOR THE CITY OF GULFPORT FOR	SEE REVERSE FOR ADDITIONAL DETAIL			
THE SUBJECT SITE, A SITE PLAN, IN DUPLICATE AND DRAWN TO SCALE, SHOWING THE LOCATIONS AND DIMENSIONS OF	SECTION II. STAFF USE ONLY.			
EXISTING AND PROPOSED STRUCTURES WITH SUPPORTING				
OPEN FACILITIES, THE GROUND AREA TO BE PROVIDED AND CONTINUOUSLY MAINTAINED FOR THE PROPOSED SUBJECT	ZONING: CONDITIONS OF APPROVAL:			
SITE MUST BE ATTACHED TO THIS DOCUMENT. IS A SITE PLAN ATTACHED? (Check ONE) YES NO				
CERTIFICATION OF APPLICANT: I HEREBY CERTIFY, THAT I				
HAVE READ THIS APPLICATION AND THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT, THAT I AGREE TO	IS THIS CERTIFICATE OF ZONING COMPLIANCE			
COMPLY WITH ALL APPLICABLE CODES, ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. THAT I	LIMITED TO SIX (6) MONTHS OR LESS FROM DATE OF SIGNATURE BELOW DURING ALTERATIONS OR			
AM THE OWNER OR AUTHORIZED INDIVIDUAL TO ACT AS THE	PARTIAL OCCUPANCY OF SUBJECT SITE PENDING ITS COMPLETION? (CIRCLE ONE) YES NO			
OWNER AGENT FOR THE HEREIN DESCRIBED WORK AND THAT THE TOTAL CONTRACT OR VALIDATION IS:	IF "YES," STATE DURATION OF CERTIFICATE:			
DATE	IF "YES," LIST ANY CONDITIONS:			
SIGNATURE OF APPLICANT:				
	J			
IF APPLICABLE, STATE WHERE NONCONFORMING USE DIFFERS ORDINANCE:	FROM PROVISIONS OF THE CITY'S ZONING			
BASED UPON THE ACCURACY OF THE INFORMATION OF TI	HE APPLICANT HEREIN, THE UNDERSIGNED CITY			
BUILDING OFFICIAL/ PLANNING ADMINISTRATOR HEREBY ST SIGNATURE THAT THE SPECIFIC INTENDED OR PROPOSED U	ATES HIS OPINION AT THE TIME OF HIS OR HER			
APPLICANT ABOVE, CONFORMS TO THE REQUIREMENTS OF T	HE CITY'S ZONING ORDINANCE AS PRESENTLY IN			
EXISTENCE, PROVIDE COMPLIANCE IS MADE WITH ANY AND AI THIS ORDINANCE AND/OR SET OUT OR DESCRIBED HEREIN. SIGN				
BUILDING OFFICIAL/PLANNING ADMINISTRATOR:	DATE:			
THIS CERTIFICATE OF ZONING COMPLIANCE, IF PROPERLY ANI	O ACCURATELY COMPLETED BY THE PARTIES AND			
SIGNED BY THE CITY OF GULFPORT BUILDING OFFICIAL/PLAN BEING SUBSEQUENTLY REVOKED, RESCINDED, AND/OR MOD	NNING ADMINISTRATOR, AND WHILE SUBJECT TO			
VIII(A)(2) OF THE CITY OF GULFPORT'S COMPREHENSIVE Z				