

APPLICATION FOR CODE ENFORCEMENT CONTRACTOR



REQUIREMENTS FOR CODE ENFORCEMENT CONSIDERATION FOR CONTRACTOR BIDDING

CITY OF GULFPORT

POLICE DEPARTMENT – CODE ENFORCEMENT DIVISION

2220 15<sup>TH</sup> ST.

- Completion in its entirety of the application including notarization.
- Submission of a copy of a current Business Privilege License from the jurisdiction (municipal or county) where your business and/or company headquarters is located.
- To bid on demolition jobs, submission of a copy of a current contractor's license with the City of Gulfport.
- Submission of valid photo identification of primary contractor who holds current Business Privilege License.
- ***OPTIONAL***: Submission of a notarized authorization letter from qualifying contractor authorizing others to act on his/her behalf.

If you have any questions, you may contact Code Enforcement at

Phone: 228-868-5718

**COMPLETE AND SIGN THE APPLICATION ON PAGE 2**



**APPLICATION - CODE ENFORCEMENT CONTRACTOR**

Name of Applicant:

Name of Business:

Street Address:

Mailing Address:

City/State/Zip:

Home Phone:

Work/Cell Phone:

Email Address:

Certifications/Licenses	License/Registration Number	City or County of Issuance

**I HEREBY CERTIFY** that this application contains no willful misrepresentation or falsification; that the information given by me is true and completed to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification my application may be rejected and my name removed from the list, and disqualified from applying in the future for any contract award bids for Code Enforcement.

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



GULFPORT POLICE DEPARTMENT  
CODE ENFORCEMENT DIVISION  
2220 15<sup>TH</sup> ST., GULFPORT, MS 39501  
PHONE: (228) 868-5718  
WEBSITE: <http://www.gulfport-ms.gov/>

**SUBMISSION OF AUTHORIZATION LETTER**

**\*\*OPTIONAL – ONLY IF SOMEONE WILL BE ALLOWED TO SUBMIT BIDS ON YOUR BEHALF\*\***

**THIS LETTER MUST BE NOTARIZED OR IT WILL NOT BE ACCEPTED**

CONTRACTOR:	
COMPANY NAME:	

THE FOLLOWING INDIVIDUALS HAVE AUTHORIZATION TO ACT ON MY BEHALF.

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
*(Signature of Contractor)*

\_\_\_\_\_  
*(Print Name)*

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

\_\_\_\_\_  
*(Notary's Official Signature)*

\_\_\_\_\_  
*(Commission Expiration)*