



**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: _____

CITY OF GULFPORT
CERTIFICATE OF ZONING COMPLIANCE VER. 5/2018
PLEASE PRINT LEGIBLY

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

NAME OF APPLICANT: _____
 LAST FIRST

ADDRESS: _____
 STREET

 CITY STATE ZIPCODE

PHONE:() FAX:.()

PHYSICAL ADDRESS/LOCATION OF SUBJECT SITE ("Subject Site"):

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 THE SUBJECT SITE, A SITE PLAN, IN DUPLICATE AND DRAWN TO SCALE, SHOWING THE LOCATIONS AND DIMENSIONS OF EXISTING AND PROPOSED STRUCTURES WITH SUPPORTING OPEN FACILITIES, THE GROUND AREA TO BE PROVIDED AND CONTINUOUSLY MAINTAINED FOR THE PROPOSED SUBJECT 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 COMPLY WITH ALL APPLICABLE CODES, ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION. THAT I AM THE OWNER OR AUTHORIZED INDIVIDUAL TO ACT AS THE OWNER AGENT FOR THE HEREIN DESCRIBED WORK AND THAT THE TOTAL CONTRACT OR VALIDATION IS:

DATE _____

SIGNATURE OF APPLICANT: _____

**Describe Your Business in
Detail Below:**

SEE REVERSE FOR ADDITIONAL DETAIL



SECTION II. STAFF USE ONLY.

ZONING: CONDITIONS OF APPROVAL:

IS THIS CERTIFICATE OF ZONING COMPLIANCE LIMITED TO SIX (6) MONTHS OR LESS FROM DATE OF SIGNATURE BELOW DURING ALTERATIONS OR PARTIAL OCCUPANCY OF SUBJECT SITE PENDING ITS COMPLETION? **(CIRCLE ONE) YES NO**

IF "YES," STATE DURATION OF CERTIFICATE:

IF "YES," LIST ANY CONDITIONS:

IF APPLICABLE, STATE WHERE NONCONFORMING USE DIFFERS FROM PROVISIONS OF THE CITY'S ZONING ORDINANCE:

BASED UPON THE ACCURACY OF THE INFORMATION OF THE APPLICANT HEREIN, THE UNDERSIGNED CITY BUILDING OFFICIAL/ PLANNING ADMINISTRATOR HEREBY STATES HIS OPINION AT THE TIME OF HIS OR HER SIGNATURE THAT THE SPECIFIC INTENDED OR PROPOSED USE OF THE SUBJECT SITE, AS SET OUT BY THE APPLICANT ABOVE, CONFORMS TO THE REQUIREMENTS OF THE CITY'S ZONING ORDINANCE AS PRESENTLY IN EXISTENCE, PROVIDE COMPLIANCE IS MADE WITH ANY AND ALL CONDITIONS CITED OR OTHERWISE REQUIRED IN THIS ORDINANCE AND/OR SET OUT OR DESCRIBED HEREIN. SIGNATURE OF CITY

BUILDING OFFICIAL/PLANNING ADMINISTRATOR: _____ **DATE:** _____

THIS CERTIFICATE OF ZONING COMPLIANCE, IF PROPERLY AND ACCURATELY COMPLETED BY THE PARTIES AND SIGNED BY THE CITY OF GULFPORT BUILDING OFFICIAL/PLANNING ADMINISTRATOR, AND WHILE SUBJECT TO BEING SUBSEQUENTLY REVOKED, RESCINDED, AND/OR MODIFIED, IS ISSUED IN ACCORDANCE WITH SECTION VIII(A)(2) OF THE CITY OF GULFPORT'S COMPREHENSIVE ZONING ORDINANCE AND ANY LIMITATIONS OR RESTRICTIONS SET OUT THEREIN.