### **Business Occupancy Checklist**

City of Southaven 8710 Northwest Drive Southaven, MS. 38671 662-280-2489 662-280-6556 (Fax)

#### **ATTENTION Business Owners:**

To obtain and legally establish a business in the City of Southaven, this form must be completed and initialed by all appropriate parties. The description shown below is the order and process needed for approval. **No business shall enter or occupy** said building in the City of Southaven until this form is completed. **Violation** of this process will result in denial of any occupancy of this application, and/or a citation to appear in municipal court.

| Name of Proposed Business:   |   |  |  |
|--|---|--|--|
| Address of Proposed Business:  |   |  |  |
| Business Owner:  | _Email:   |  |  |
| Owner's Address:   | New Bldg.                                       |  |  |
| Phone:   | Existing Bldg.                                  |  |  |
| 1 <sup>st</sup> Step- The Office of Planning and Development:  |   |  |  |
| What is the zoning of this property?  Is this type of business allowed in the specific location should be specific | itional use, site plan, rezoning) for approval? |  |  |
| Process Completed:  Planning Director Initials   | Date:   |  |  |
| 2 <sup>nd</sup> Step- The Building Department:<br>(Use and Occupancy Final)  |   |  |  |
| Has the property been inspected by the Building Official? Does the Building Official have any further comments?  |   |  |  |
| Process Completed:  Building Official Initials   | Date:   |  |  |

Rev. 4/19

# **3<sup>rd</sup> Step- Fire Marshal:**

|  | inspected by the Fire Marshal?l have any further comments? |       |            |  |
|--|--|-------|------------|--|
|  |  |       |            |  |
| rocess completed.  | Fire Marshal Initials                                      | _     | Date.      |  |
| 4 <sup>th</sup> Step- The Buildin<br>(Certificate of Occup |  |       |            |  |
| Certificate of Occupat                                     | ncy Issuance Date:   |       |            |  |
| Process Completed:   | Building Official Initials                                 | _     | Date:      |  |
| 5th Step- Privilege T                                      | ax License:  |       |            |  |
| Business License App                                       | proved by:   |       | License #: |  |
| Process Completed:   |  | Date: |            |  |
|  | Clerk's Office Official Initials                           |       |            |  |

### **Privilege Tax License Required Documents:**

- Privilege License Application
- Emergency Contact List
- Copy of Driver's License
- Proof of EIN or SSN (no proof needed for SSN)
- Formation Papers (LLC, Inc., etc.)
- MS Sales Tax Permit, Beer Permit, and/or Tobacco Permit
- MS Health Department/Food Permit
- Proof of Professional License (Insurance, Real Estate, Massage, etc.)

Please call 662-280-6554 or visit City Clerk's Office for questions or clarification.

Rev. 4/19 2

## **STATEMENT OF OPERATIONS**

Provide a written statement outlining your request for a Business License.

You must give a detailed description of the proposed use and shall include, but is not limited to:

| <ul> <li>Type of Business</li> </ul>  |                 |                                  |
|---|-----------------|----------------------------------|
| ☐ Retail Sales/Service  | Bank, Financial | Medical Facility                 |
|   | Barber Shop     |                                  |
| □ Day Care  | Nail Salons     | ☐ Convenience Store              |
|   | Office General  |                                  |
|   | ☐ Office Doctor |                                  |
| A detailed description of the h   | pusiness        |                                  |
| <ul> <li>Hours and days of operation</li> </ul>                                     |                 |                                  |
| <ul> <li>Service provided</li> </ul>  |                 |                                  |
| • Products retailed   |                 |                                  |
|   |                 |                                  |
|   |                 |                                  |
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|   |                 |                                  |
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|   |                 |                                  |
|   |                 |                                  |
| DECLADATION.  |                 |                                  |
| DECLARATION:  |                 |                                  |
| I declare under penalty of perjury that<br>and certify to the accuracy of this auth |                 | of the above referenced business |
| Signature of Owner:   | Date:           |                                  |
| Printed Name:   |                 |                                  |
|   |                 |                                  |
|   |                 |                                  |
| Planning Director Comments:   |                 |                                  |
|   |                 |                                  |
|   |                 |                                  |
|   |                 |                                  |
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Rev. 4/19 3