

## **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 shown? \_\_\_\_\_

Is there any further process needed (i.e. Conditional use, site plan, rezoning) for approval? \_\_\_\_\_

Does this property qualify for "West End District" exemption? ☐ YES ☐ NO

Process Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Planning Director Initials

### **2<sup>nd</sup> Step- The Building Department:**

**(Use and Occupancy Final)**

Has the property been inspected by the Building Official? \_\_\_\_\_

Does the Building Official have any further comments? \_\_\_\_\_

\_\_\_\_\_

Process Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Building Official Initials

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

Has the property been inspected by the Fire Marshal? \_\_\_\_\_

Does the Fire Marshal have any further comments? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Process Completed: \_\_\_\_\_

Fire Marshal Initials

Date: \_\_\_\_\_

**4<sup>th</sup> Step- The Building Department:**  
**(Certificate of Occupancy Issuance)**

Certificate of Occupancy Issuance Date: \_\_\_\_\_

Process Completed: \_\_\_\_\_

Building Official Initials

Date: \_\_\_\_\_

**5<sup>th</sup> Step- Business License:**

Business License Approved by: \_\_\_\_\_ License #: \_\_\_\_\_

Process Completed: \_\_\_\_\_

Clerk's Office Official Initials

Date: \_\_\_\_\_

**Business 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.**

## **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:

- **Type of Business**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Retail Sales/Service | <input type="checkbox"/> Bank, Financial | <input type="checkbox"/> Medical Facility  |
| <input type="checkbox"/> Restaurant           | <input type="checkbox"/> Barber Shop     | <input type="checkbox"/> Bakery            |
| <input type="checkbox"/> Day Care             | <input type="checkbox"/> Nail Salons     | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Beauty Shop          | <input type="checkbox"/> Office General  | <input type="checkbox"/> Other             |
| <input type="checkbox"/> Auto Service Repair  | <input type="checkbox"/> Office Doctor   |  |

- **A detailed description of the business**
- **Hours and days of operation**
- **Service provided**
- **Products retailed**

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### **DECLARATION:**

I declare under penalty of perjury that I am the authorized owner/officer of the above referenced business and certify to the accuracy of this authorization form.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

### **Planning Director Comments:**

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