

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.** _____

1st 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: _____

Planning Director Initials

Date: _____

2nd 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: _____

Building Official Initials

Date: _____

3rd Step- Fire Marshal:

Has the property been inspected by the Fire Marshal? _____

Does the Fire Marshal have any further comments? _____

Process Completed: _____ Date: _____
Fire Marshal Initials

4th Step- The Building Department:
(Certificate of Occupancy Issuance)

Certificate of Occupancy Issuance Date: _____

Process Completed: _____ Date: _____
Building Official Initials

5th Step- Business License:

Business License Approved by: _____ License #: _____

Process Completed: _____ Date: _____
Clerk's Office Official Initials

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**

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:
