CITY OF HATTIESBURG Department of Urban Development

Building Division 601-554-1003

ACKNOWLEDGMENT

ALL SIGNS REQUIRE A SEPARATE PERMIT

Prior to the installation of any sign, either on the ground or on any building or structure; a sign permit must be obtained by a licensed sign contractor with the City of Hattiesburg.

Sign Permit applications may be picked up in the Building Office on the 1st floor of City Hall. The approval process may take up to 10 working days.

Sign Regulations, Section 95, are found in the Land Development Code, Ordinance 2330, as amended. See the City's website:

http://dev.hattiesburgms.com/government/departments/urban-development/hattiesburg-land-development-code/

I do hereby acknowledge that I have read and understand the above statement.

¥		3 3 35 J	(F		-
Print Name		^	#0	Date	
	81 4. = 22	2	-	é.	
Signature	9	SFC Gc	9	*.	
*	28			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(2)
Name of Business		8 E		# E	2
Ú.		-			812

Address of Business



Tax Department PO Box 1898 Hattiesburg, MS 39401-1898

P 601-545-4522 F 601-545-4529

Privilege Tay License Application

Official Use Only
Received:
Completed:
Clerk:

Date: _____

001221	Privilege lax	k License App	lication		Clerk:
	Please complete	ALL items on this ap	pplication		
Business Name			Date Began		
Business Location					
	City		State	Zip	
Mailing Address					
	City		State	Zip	
Business Phone			Location	Commerc	cial Residential
Description of Business			Last Proprietor		
Company Type	☐ C-Corporation ☐ S-Corporation ☐ Non-Profit Corporation ☐ PPLC ☐	_	· · · · · ·		ip
	Enter names of Owners, Partners or Cor	porate Officers (atta	ch additional shee	t, if necessary)	
Owner/Officer Name			Title		
Address					
	City		State	Zip	
Email Address			Phone		
Owner/Officer Name			Title		
Address					
	City		State	Zip	
Email Address			Phone		
Emorgonsu	Contact (The emergency contact phone num	nhar must be differen	at from the busines	s nhono numbo	r listed above)
Contact Name	Contact (The emergency contact phone hum	iber must be dijjerer	Phone	ss phone numbe	i iisteu ubovej
Contact Name					
	A	larm Company			
Business Name			Phone		
	Busi	iness Information			
If applicable, provide th	e number of :	Check all	that apply:		
Employees Cars					ent Vendor
Amount of Inventory Vending Machines		hinos	☐ Dance Hall ☐ Contractor		Broker
Amusement/Video Machines			ufacturer	=	Weapon Dealer ed & Petroleum Gas
		Affidavit			
application for a license to	of perjury, that this application and all its engage in business on the conditions that I will the City of Hattiesburg and the State of Mis	will pay any and all ta			

Signature of Owner or Representative