



Building Department

Phone: 228-469-0531

Fax: 228-466-5519

APPLICATION FOR CONTRACTORS

Date: _____

Business Trade Name: _____

Business Location: _____
Street City State Zip

Business Mailing Address: _____

Business Telephone Number: _____

Business E-Mail Address: _____

State Sales Tax Number: _____

ABOUT THE OWNER

Qualifying Agent / License Owner: _____

Qualifying Agent / License Owner Residence: _____
(No P.O. Boxes)

Qualifying Agent / License Owner: _____

Qualifying Agent / License Owner: _____

Type of Ownership: Corporation () Partnership () Sole Proprietor ()

If your business is a Partnership or Corporation, list the name(s) of each Partner or Officer:

Name	Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

If your business is a Corporation, what is the Corporation Office Address?

What sort of business are you conducting? (Please explain in detail):

Date began at this location: _____

Is this application for a new business? Yes () No ()

Have you ever been licensed in another city or county? Yes () No ()

If yes, please list which cities or counties and provide copies of current licenses from those jurisdictions: _____

Have you ever operated a business in another name? Yes () No ()

If yes, name of business and location:

Have you ever filed for bankruptcy in your name or a business name? Yes () No ()

If yes, list name filed in: _____

Have you or your business ever been named as defendant in lawsuit? Yes () No ()

If yes, please provide information on where this action was filed and the disposition of this action:

List names, address and telephone numbers of three (3) adult citizens who have known you for at least ONE year and will vouch for your general good character:

1. _____

2. _____

3. _____

A clear, legible, and VALID photo ID is required when submitting application.

The City of Bay St. Louis reserves the right to have an investigation done on said individual and/or business to verify information on this application.

AFFIDAVIT

I do solemnly swear that the information given above is true and correct to the best of my knowledge. This information is subject to audit by the City of Bay St. Louis and any person who willfully makes any false statement on an application for a license shall be subject to revocation of license(s) issued.

Applicant's Signature

Date