



**SPECIAL USE RESORT ZONING**  
**APPLICATION**

APPLICANT \_\_\_\_\_

(name of sole owner, partnership, corporation, limited liability company or trust)

TRADE NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

{street/p.o.box} {city} {state} {zip}

LOCATION OF BUSINESS \_\_\_\_\_

{street} {city} {state} {zip}

**INCLUDE A COPY OF THE LEASE OR DEED TO THE BUSINESS PREMISES AND A FLOOR PLAN OF THE PREMISES**

TELEPHONE NUMBER (business) \_\_\_\_\_ (home) \_\_\_\_\_

(cellular) \_\_\_\_\_ (fax) \_\_\_\_\_

- TYPE OF ORGANIZATION ( ) Sole Owner  
( ) Corporation  
( ) Trust  
( ) Partnership  
( ) LLC  
( ) Other \_\_\_\_\_

MISSISSIPPI SALES TAX NUMBER \_\_\_\_\_

FEDERAL TAX ID NUMBER (EIN) \_\_\_\_\_

DO YOU HAVE OR EVER HAD AN INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE RETAILER BUSINESS: \_\_\_\_\_  
(y/n)

ARE YOU APPLYING FOR A SPECIAL USE PERMIT TO SELL:

- ( ) Alcoholic Beverages- More than 5% (Including Wine)  
( ) Alcoholic Beverages- Less than 5% (Including Beer & Light Wine)  
( ) Both



**SUPPLEMENTAL INFORMATION**

NOTE: HOTEL, MOTEL, BED-AND-BREAKFAST INNS, RESTAURANTS, AND SIMILAR APPLICANTS MUST COMPLETE SECTION 1. ON-PREMISE RETAILER CLUB APPLICANTS MUST COMPLETE SECTION II, IN ADDITION TO THE STATEMENT OF OWNERSHIP. A PERSONAL RECORD FORM AND AN INFORMATION WAIVER FORM MUST BE COMPLETED ON EACH MANAGER (GENERAL, RESTAURANT, BEVERAGE SALES, ETC.) A BACKGROUND CHECK ON EACH EMPLOYEE SERVING ALCOHOL MUST BE SUBMITTED TO CITY.

**SECTION I**

NAME OF BUSINESS \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_  
(hotel/motel, bed & breakfast, restaurant, other-specify)

GENERAL MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

RESTAURANT MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

BEVERAGE SALES MANAGER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

**ON-PREMISE APPLICANTS FOR RESTAURANTS MUST ATTACH A COPY OF MENU AND PROOF OF INVENTORY (50% RULE) WITH APPLICATION**

**SECTION II**

NAME OF CLUB \_\_\_\_\_

DATE ORGANIZATION WAS FOUNDED \_\_\_\_\_

IF AN ASSOCIATION, LIST NAME AND ADDRESS OF NATIONAL ORGANIZATION:

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

NUMBER OF MEMBERS AS OF DATE OF THIS APPLICATION \_\_\_\_\_

**ATTACH TWO (2) COPIES OF A MEMBERSHIP LISTING WITH APPLICATION (INCLUDE NAMES AND ADDRESSES OF EACH MEMBER.**

DOES THE CLUB, AS ORGANIZED OR INCORPORATED, MEET THE STATUTORY DEFINITION OF A CLUB AS FOUND IN SECTION 67-1-15 (N) OF THE MISSISSIPPI CODE? (PLEASE REVIEW THIS STATUTE PRIOR TO ANSWERING) \_\_\_\_\_  
(y/n)

IF NO, EXPLAIN IN DETAIL \_\_\_\_\_  
\_\_\_\_\_

WILL ANY CLUB MEMBER, OFFICER, AGENT OR EMPLOYEE RECEIVE A SALARY OR OTHER COMPENSATION OR ANY PROFIT FROM THE DISTRIBUTION OR SALE OF ALCOHOLIC BEVERAGES TO THE CLUB, ITS MEMBERS OR GUESTS BEYOND ANY SALARY OR COMPENSATION AS DECIDED BY THE DIRECTORS OR OTHER GOVERNING BODY PAID FROM FROM THE GENERAL REVENUE OF THE CLUB? \_\_\_\_\_  
(y/n)

IF NO, EXPLAIN IN DETAIL \_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING ITEMS CONCERNING THE CLUB MUST BE FILED WITH THIS APPLICATION:

- ARTICLES OF ASSOCIATION
- CHARTER OF INCORPORATION
- COPY OF BYLAWS
- TWO (2) COPIES OF A LIST OF MEMBERS



**STATEMENT OF OWNERSHIP**

NAME OF BUSINESS \_\_\_\_\_

WILL THE BUSINESS BE OPERATED AS A SOLE PROPRIETORSHIP? \_\_\_\_\_  
(y/n)

WILL THE BUSINESS BE OPERATED AS A PARTNERSHIP? \_\_\_\_\_  
(y/n)

IF YES, LIST EACH PARTNER'S NAME AND EXTENT OF HIS INTEREST IN THE PARTNERSHIP:

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

WILL THE BUSINESS BE OPERATED AS A CORPORATION? \_\_\_\_\_  
(y/n)

IF YES, LIST THE TOTAL AMOUNT OF STOCK (COMMON AND PREFERRED) AND EACH PRINCIPAL OFFICER, DIRECTOR, AND ALL 10% OR GREATER STOCKHOLDERS BELOW:

NAME \_\_\_\_\_

CORPORATE TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(street) (city) (state) (zip)

SHARES OWNED \_\_\_\_\_

NAME \_\_\_\_\_

CORPORATE TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(street) (city) (state) (zip)

SHARES OWNED \_\_\_\_\_

NAME \_\_\_\_\_

CORPORATE TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

(street) (city) (state) (zip)

SHARES OWNED \_\_\_\_\_

WILL THIS BUSINESS BE OPERATED AS A TRUST? \_\_\_\_\_  
(y/n)

IF YES, LIST THE TRUSTEE AND EACH BENEFICIARY BELOW. SUBMIT A COPY OF THE TRUST INSTRUMENT WITH THIS APPLICATION.

NAME \_\_\_\_\_

TYPE \_\_\_\_\_

STATE OF RESIDENCY \_\_\_\_\_

NAME \_\_\_\_\_

TYPE \_\_\_\_\_

STATE OF RESIDENCY \_\_\_\_\_

NAME \_\_\_\_\_

TYPE \_\_\_\_\_

STATE OF RESIDENCY \_\_\_\_\_

WILL THIS BUSINESS BE OPERATED AS A LIMITED LIABILITY COMPANY?

IF YES, LIST EACH MEMBER'S NAME, ADDRESS, AND THEIR PERCENTAGE OF OWNERSHIP. IDENTIFY THE MANAGING MEMBERS BELOW. SUBMIT A COPY OF YOUR LIMITED LIABILITY COMPANY AGREEMENT WITH THIS APPLICATION.

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
(street) (city) (state) (zip)

% OF INTEREST \_\_\_\_\_

WILL THIS BUSINESS BE OPERATED AS AN ON-PREMISE RETAILER CLUB AS DEFINED BY SECTION 67-1-5 (n) OF THE 1972 MCA?

IF YES, LIST THE OFFICERS AND DIRECTORS OF THE CLUB BELOW:

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE

---

NAME

---

TITLE

---

NAME

---

TITLE

---



**APPLICANT CERTIFICATION AND OATH**

I, \_\_\_\_\_, CERTIFY UNDER PENALTY OF PERJURY THAT THE ORGANIZATION APPLYING FOR THIS SPECIAL USE RESORT ZONING DESIGNATION DOES MEET THE QUALIFICATIONS AND REQUIREMENTS AS DESCRIBED OR SET OUT IN THE CITY OF PICAYUNE, MISSISSIPPI ORDINANCE NUMBER 882. I AFFIRM THAT THIS ORGANIZATION SHALL COMPLY FULLY WITH ANY FEDERAL AND STATE LAWS, RULES AND REGULATIONS; AND FURTHER AFFIRM THAT THIS ORGANIZATION SHALL COMPLY FULLY WITH ALL ORDINANCES AND/OR ORDERS OF THE CITY OF PICAYUNE WITH REGARDS TO THE PURCHASE, SALE AND HANDLING OF ALCOHOLIC BEVERAGES AND WILL KEEP ALL RECORDS AND MAKE ALL REPORTS AND REMITTANCES AS REQUIRED THEREBY. I CERTIFY THAT THE INFORMATION PRESENTED IN THIS APPLICATION TO BE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



**APPLICANT WAIVER AND AUTHORIZATION**  
**TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I AUTHORIZE YOU TO FURNISH THE CITY OF PICAYUNE, ZONING DEPARTMENT WITH ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, MY WORK RECORD, MY REPUTATION, AND MY MILITARY SERVICE RECORDS. YOU MAY ALLOW INSPECTION OR RECORDS BY, AND COPIES OF THESE RECORDS MAY BE PROVIDED TO, AN AUTHORIZED REPRESENTATIVE OF THE CITY OF PICAYUNE. INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE MAY BE INCLUDED. YOUR REPLY WILL BE USED BY THE DEPARTMENT IN DETERMINING MY FITNESS AND ELIGIBILITY TO BE GRANTED A SPECIAL USE PERMIT.

A REPRODUCTION OF THIS REQUEST BY XEROX OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

I HEREBY RELEASE YOU, YOUR ORGANIZATION AND OTHERS FROM LIABILITY OR DAMAGES WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TRADE NAME

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



**MANAGER WAIVER AND AUTHORIZATION  
TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I AUTHORIZE YOU TO FURNISH THE CITY OF PICAYUNE, ZONING DEPARTMENT WITH ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME, MY WORK RECORD, MY REPUTATION, AND MY MILITARY SERVICE RECORDS. YOU MAY ALLOW INSPECTION OR RECORDS BY, AND COPIES OF THESE RECORDS MAY BE PROVIDED TO, AN AUTHORIZED REPRESENTATIVE OF THE CITY OF PICAYUNE. INFORMATION OF A CONFIDENTIAL OR PRIVILEGED NATURE MAY BE INCLUDED. YOUR REPLY WILL BE USED BY THE DEPARTMENT IN DETERMINING MY FITNESS AND ELIGIBILITY TO BE GRANTED A SPECIAL USE PERMIT.

A REPRODUCTION OF THIS REQUEST BY XEROX OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

I HEREBY RELEASE YOU, YOUR ORGANIZATION AND OTHERS FROM LIABILITY OR DAMAGES WHICH MAY RESULT FROM FURNISHING THE INFORMATION REQUESTED.

\_\_\_\_\_  
MANAGER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
BUSINESS NAME

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



**WAIVER AND AUTHORIZATION TO RELEASE  
FINANCIAL INFORMATION**

TO WHOM IT MAY CONCERN:

I HEREBY REQUEST AND AUTHORIZE YOU TO FURNISH THE CITY OF PICAYUNE WITH ANY AND ALL INFORMATION THAT YOU MAY HAVE CONCERNING ME OR MY FINANCIAL RECORDS AND COPY SUCH RECORDS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY, OR COMMON LAW PRIVILEGE. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON TO WHOM THIS REQUEST IS PRESENTED FROM ALL MANNER OF ACTIONS ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.

A REPRODUCTION OF THIS REQUEST BY XEROX OR SIMILAR PROCESS SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

THIS REQUEST SHALL EXPIRE TWELVE (12) MONTHS FROM DATE OF SIGNING.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S TRADE NAME

SWORN TO AND SUBSCRIBED BEFORE ME, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_



# City of Picayune MISSISSIPPI

## APPLICANT - PERSONAL RECORD

NAME

\_\_\_\_\_

(last)

(first)

(middle)

\_\_\_\_ sole owner \_\_\_\_ partner \_\_\_\_ officer \_\_\_\_ stockholder \_\_\_\_ director

\_\_\_\_ manager \_\_\_\_ member \_\_\_\_ trustee \_\_\_\_ trust beneficiary

DATE OF BIRTH

SOCIAL SECURITY NO.

\_\_\_\_\_

DRIVER'S LICENSE NO.

\_\_\_\_\_

TELEPHONE NUMBER

\_\_\_\_\_

(home)

\_\_\_\_\_

(cell)

\_\_\_\_\_

(work)

LIST YOUR RESIDENCES FOR THE PAST FIVE (5) YEARS, STARTING WITH CURRENT ADDRESS:

DATES (MONTH/YEAR)

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST YOUR EMPLOYMENT OR OCCUPATIONAL HISTORY FOR THE PAST FIVE (5) YEARS

DATES (MONTH/YEAR)

EMPLOYER/CITY, STATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING:

A felony in any state, federal, or military court? \_\_\_\_\_

(y/n)

A violation of the Local Option ABC Laws, Rules, Regulations, or the Prohibition Laws in any

state or local jurisdiction? \_\_\_\_\_  
(y/n)

A violation of any law relating to alcoholic beverages or beer such as DUI, DWI, or public drunk in any state  
or local jurisdiction? \_\_\_\_\_  
(y/n)

A violation of any drug related law? \_\_\_\_\_  
(y/n)

**IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN FULLY**

List convictions (specific charges), including dates and jurisdiction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTARY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned authority in and for the  
aforesaid jurisdiction, the within named \_\_\_\_\_ Who, after  
being by me first duly sworn, states on oath that the matters contained and set forth in the  
forth in the foregoing application are true and correct as stated therein.

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_



# City of Picayune MISSISSIPPI

## MANAGER - PERSONAL RECORD

NAME \_\_\_\_\_

(last)

(first)

(middle)

\_\_\_\_ sole owner \_\_\_\_ partner \_\_\_\_ officer \_\_\_\_ stockholder \_\_\_\_ director

\_\_\_\_ manager \_\_\_\_ member \_\_\_\_ trustee \_\_\_\_ trust beneficiary

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

(home)

(cell)

(work)

LIST YOUR RESIDENCES FOR THE PAST FIVE (5) YEARS, STARTING WITH CURRENT ADDRESS:

DATES (MONTH/YEAR)

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIST YOUR EMPLOYMENT OR OCCUPATIONAL HISTORY FOR THE PAST FIVE (5) YEARS

DATES (MONTH/YEAR)

EMPLOYER/CITY, STATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HAVE YOU EVER BEEN CONVICTED OF ANY OF THE FOLLOWING:

A felony in any state, federal, or military court? \_\_\_\_\_

(y/n)

A violation of the Local Option ABC Laws, Rules, Regulations, or the Prohibition Laws in any

state or local jurisdiction? \_\_\_\_\_  
(y/n)

A violation of any law relating to alcoholic beverages or beer such as DUI, DWI, or public drunk in any state  
or local jurisdiction? \_\_\_\_\_  
(y/n)

A violation of any drug related law? \_\_\_\_\_  
(y/n)

**IF YOU ANSWERED YES TO ANY OF THE QUESTIONS ABOVE, PLEASE EXPLAIN FULLY**

List convictions (specific charges), including dates and jurisdiction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTARY**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

THIS DAY personally came and appeared before me, the undersigned authority in and for the  
aforesaid jurisdiction, the within named \_\_\_\_\_ Who, after  
being by me first duly sworn, states on oath that the matters contained and set forth in the  
forth in the foregoing application are true and correct as stated therein.

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission expires: \_\_\_\_\_