



COMMERCIAL CERTIFICATE OF OCCUPANCY APPLICATION

City of Tupelo | Department of Development Services

Mail: P O Box 1485, Tupelo, MS 38802-1485

Phone: (662) 841-6510 Fax: (662) 841-6550

Email: permits@tupeloms.gov

MUNIS _____

Received By: _____

Date Received: _____

(for office use only)

Permit Fee: \$100.00 (Non-refundable)

PROJECT DESCRIPTION

PROJECT/BUSINESS LOCATION:

(ADDRESS OR PARCEL REQUIRED): _____

PROJECT TYPE:

Business Owner Change _____ Business Name Change _____ Business Location Change _____

New Business _____

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

CONTACT INFORMATION

BUSINESS INFORMATION:

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number(s): _____

PERSON OF CONTACT INFORMATION:

Name: _____ Email: _____

Phone Number(s): _____

BUSINESS OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

PROPERTY OWNER CONTACT INFORMATION:

Owner Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number(s): _____

****PLEASE SEE REVERSE SIDE****

Required Attachments (all required attachments must be submitted BEFORE a permit can be issued)

1. RECORDED DEED

Required if ownership of the property has changed.

2. LEASE AGREEMENT

If the applicant is not the owner, a current lease agreement or written authorization from the property owner must be provided.

3. HEALTH DEPARTMENT INSPECTION REPORT

A Health Department Inspection is required for all Food Service Establishments, Child Care Facilities, Lodging Establishments, and Personal Care Homes.

4. COPY OF MENU, if food is being sold

5. STATE BEER LICENSE, if beer or alcohol is being sold

6. BEER & LIGHT WINE APPLICATION, if applicable

7. ABC (ALCOHOL BEVERAGE CONTROL) ZONING COMPLIANCE FORM,

Required for establishments selling alcoholic beverages

8. OTHER _____

I hereby certify the above information is true and correct and completed in accordance with the Tupelo Development Code. I further understand that if I am not the property owner, notarized permission from the property owner is required for application to be processed.

Applicant Signature: _____ Date: _____