

FINAL CLEARANCE FORM

DATE FORM STARTED: \_\_\_\_\_ BUSINESS INCEPTION DATE: \_\_\_\_\_

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

OWNER NAME (or Title): \_\_\_\_\_

Application for Business License can only be performed by Owner or approved Manager of business.

TYPE OF BUSINESS: \_\_\_\_\_

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

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

CITY STATE ZIP

PHONE NUMBER: \_\_\_\_\_

BUSINESS PHONE PERSONAL PHONE

IS THERE AN EXISTING TEMPORARY POWER APPLICATION ON BUSINESS: YES \_\_\_ or NO \_\_\_

To complete all requirements for Utilities Department changes, the following persons must sign and date form before it is returned to the City of Amory Utilities Department:

1. PLANNING AND ZONING DEPARTMENT Property is Zone: \_\_\_\_\_

This business used is allowed in a \_\_\_\_\_ zone, and property is in compliance with the Zoning Ordinance #1651 of the City of Amory, Mississippi.

\_\_\_\_\_  
Date Planning/Zoning Administrator

2. BUILDING INSPECTOR DEPARTMENT  
Change of occupancy required: NO \_\_\_ or YES \_\_\_

\_\_\_\_\_  
Date Building Inspector

3. FIRE DEPARTMENT:  
Fire Code enforcement and Fire Safety and Prevention Complete:

\_\_\_\_\_  
Date Fire Chief

4. CITY CLERK'S OFFICE:  
Business or Privilege Licenses has been lawfully obtained from the City Clerk's office:

\_\_\_\_\_  
Date Deputy City Clerk or City Clerk

5. UTILITIES DEPARTMENT:  
All departments above have signed applicable lines and the business is cleared for utility service:

\_\_\_\_\_  
Date City of Amory Utilities Office Personnel

SCOPE OF OCCUPANCY

Attachment to Final Clearance Form for Privilege License/ Business License information

DATE FORM STARTED: \_\_\_\_\_ BUSINESS INCEPTION DATE: \_\_\_\_\_

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

NATURE OF BUSINESS: \_\_\_\_\_  
Example: Manufacturing, Rental, Retail, Sales & Service, Selling, Service, Wholesale, Sales/Service/Rental

TYPE OF BUSINESS: \_\_\_\_\_  
Example: Corporation, Home Occupation, Individual, LLC, Partnership, Transient

IF PARTNERSHIP, LIST: \_\_\_\_\_  
Partner Name and Title (list all here)

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

MAILING ADDRESS: \_\_\_\_\_  
CITY STATE ZIP

PHONE NUMBER: \_\_\_\_\_  
BUSINESS PHONE PERSONAL PHONE

TYPE OF BUSINESS ACTIVITY - What services do you provide? What will you be selling?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYS OF WEEK AND HOURS OF BUSINESS: \_\_\_\_\_

NUMBER OF FULL TIME EMPLOYEES ON STAFF/PAYROLL: \_\_\_\_\_

FOOD PERMIT REQUIRED: YES \_\_\_\_\_ or NO \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME TITLE DATE