

## SPECIAL USE PERMIT PROCEDURES

City Qualified Resort Areas may be located in commercial zoning districts in Flowood only by the issuance of a Special Use permit. The following procedures are required in order to apply for a Special Use permit.

### **I. FILE APPLICATION WITH CITY CLERK:**

Applicant must file an application with the City Clerk in accordance with Section 6 of the City Qualified Resort Areas Ordinance. A copy of the application is included below and can be obtained from the City Clerk. The City Clerk will give you the date for the next available public hearing.

### **II. PUBLICATION:**

Applicant shall publish the following in the *Rankin Record* at least fifteen (15) calendar days before the date of the public hearing.

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#### PUBLIC NOTICE

Notice is hereby given to any and all persons interested in or in any way affected thereby that *(insert name of business)* has filed an application with the City of Flowood requesting a Special Use permit to allow the following parcel of land to be used as a City Qualified Resort Area which would allow for the sale of alcoholic beverages:

*(Insert legal description of subject property)*

A copy of said application is on file with the City Clerk and is available for review during normal business hours. Said application and request will come before the Mayor and Board of Aldermen for public hearing on *(insert date of hearing)* during their regularly scheduled meeting which begins at 6:30 p.m. and which is to be held at City Hall, 2101 Airport Rd, Flowood, Mississippi. Any person desiring to express his or her views on the application and request may be present and do so at said hearing or may deliver his or her written statement to the City Clerk prior to said hearing. Written statements so delivered shall be part of the record of said hearing. All inquiries about the application and proposed amendment should be addressed to the undersigned at *(insert the address and telephone number of the applicant or officer, agent, or attorney of the applicant)*.

*(Insert signature of applicant or the officer, agent, or attorney of the applicant)*

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Please note the following:

- The Mayor and Board of Aldermen MEET THE FIRST AND THIRD MONDAYS of each month for public hearings, and if the Board Meeting falls on a state holiday, the Mayor and Board will meet the following Tuesday.
- Legal announcements in the Rankin Record ONLY RUN ON THURSDAY and in order to be published, the Rankin Record must receive your legal announcement the previous Friday.

### **III. POSTED PUBLIC NOTICE:**

The City shall post at least one (1) sign in a conspicuous location along each private or public street on which the property adjoins, or if the land does not adjoin a public or private street, then at a conspicuous location on the subject property. Each sign must be posted for fifteen (15) days during the three (3) weeks prior to the public hearing. The title PUBLIC NOTICE shall be legible from the nearest road and all other words should be at least two (2) inches high. The posting shall state the following:

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#### **PUBLIC NOTICE**

**A PUBLIC HEARING WILL BE  
HELD AT FLOWOOD CITY HALL  
2101 AIRPORT ROAD  
FLOWOOD, MISSISSIPPI  
ON**

**AT 6:30 P.M.**

**TO CONSIDER A  
SPECIAL USE PERMIT  
TO ESTABLISH  
A CITY QUALIFIED RESORT AREA  
AT THIS LOCATION**

**INFORMATION IS AVAILABLE AT  
FLOWOOD CITY HALL  
PHONE 601-939-4243**

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### **IV. FEES:**

Applicant shall pay City Clerk three hundred (\$300) dollars by either cash or check to cover processing costs. Checks should be made payable to the City of Flowood.

### **V. PUBLIC HEARING BEFORE MAYOR AND BOARD OF ALDERMEN:**

Applicant(s) shall present orally and in writing that his/her request for a Special Use permit is in conformance with the City's Qualified Resort Area ordinance. The presentation and written report should state:

- The proposed Special Use permit will not adversely affect the neighborhood, public interest, and general welfare of the community and that the restaurant or hotel is not located within five hundred (500) feet of a house of worship, school/kindergarten etc.
- That it is a restaurant generating more than 60% of its revenue from the preparation, cooking and serving of food or that it is a Hotel with at least twenty (20) rooms.

- Applicant(s) shall provide a sworn statement that all actions necessary for all required notices were performed. If the applicant is represented by an attorney, the attorney shall provide a certification that all actions necessary for all required notices were performed.
  - Certification shall include proof that the requirements in the PUBLICATION and POSTED PUBLIC NOTICE sections were followed.

## **VI. FILING WITH STATE TAX COMMISSION AND BEER PERMITS**

Applicants will be required to complete the application, public hearing and approval process with the City of Flowood prior to applying for an alcohol permit with the State Tax Commission. However, both the City requirements and the State requirements must be met prior to alcoholic beverages being served. Additionally, if the applicant wishes to serve both beer and alcoholic beverages, a separate application for a beer permit must be completed and approved prior to being able to serve beer.

CITY OF FLOWOOD, MISSISSIPPI  
 APPLICATION FOR SPECIAL USE PERMIT  
 TO BECOME A CITY QUALIFIED RESORT AREA

In accordance with the provisions of the Ordinance of the City of Flowood, Mississippi Establishing Regulations for the Designation and Location of Qualified Resort Areas within the Municipal Boundary and Jurisdiction of the City of Flowood, Mississippi and Repealing All Conflicting Provisions of the Zoning Ordinance of the City of Flowood (the "Qualified Resort Area Ordinance") application is hereby made for a special use permit to establish the business as detailed below as a City Qualified Resort Area.

BEFORE COMPLETING THIS APPLICATION YOU MUST HAVE READ  
 THE QUALIFIED RESORT AREA ORDINANCE

1. Owner of business: \_\_\_\_\_
2. Trade name of business: \_\_\_\_\_
3. Location of business: \_\_\_\_\_
4. Mailing address: \_\_\_\_\_
5. Nature of business: \_\_\_\_\_
6. Type of ownership: ( ) Individual ( ) Partnership ( ) Corporation ( ) Limited Liability Company ( ) Other (submit explanation)
7. List in the space below the name, date of birth, sex and address of individual, or if a partnership, each and every partner; or, if a corporation, the name and title of each officer, director and the person or persons managing the licensed premises and any stockholder owning more than five percent (5%) of the corporation, or if a limited liability company, each member manager, and officer. If needed, please submit a separate attachment containing the required information. If any person listed below resides outside of the State of Mississippi, the following additional information is requested: (Please add to the back of the application or separate sheet) Driver's License Number, if different from Social Security Number ("SS#").

Name	Address	SS#, Date of Birth & Sex
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. (a) Is the applicant(s) a citizen(s) of the United States and the State of Mississippi?  
 ( ) Yes ( ) No
- (b) Is the applicant(s) twenty-one (21) years of age or older? ( ) Yes ( ) No
9. Has the applicant(s), if a natural person, been convicted in this or any other state of a felony, of pandering or keeping a house of prostitution? ( ) Yes ( ) No
10. Has the applicant(s) been convicted within five (5) years of the date of this application of any violation of the laws of this State, any other states, or of the United State relating to alcoholic liquor or gambling? ( ) Yes ( ) No
11. Has the applicant(s) had any beer permit or liquor license revoked within five (5) years from the date of this application? ( ) Yes ( ) No
12. (a) Are the premises to which this permit will apply: (a) Owned by the applicant? ( )  
 or (b) Leased by the applicant? ( )
- (b) If the premises are leased by the applicant, please attach a letter from the owner of the property (the "Lessor") stating that they are aware of this application and have no objections to the lessee's business being established as a City Qualified Resort Area and fill in the following contact information for the Lessor:

Lessor: \_\_\_\_\_ Address: \_\_\_\_\_  
City and State: \_\_\_\_\_ Phone: \_\_\_\_\_

13. (a) Is the applicant residentially domiciled with any persons whose beer permit or liquor license has been revoked with the past two (2) years?  Yes  No
- (b) If the answer to 13 (a) is yes, fill in the following:  
Name of person whose permit was revoked: \_\_\_\_\_  
Date of revocation: \_\_\_\_\_  
Trade name of business: \_\_\_\_\_  
Business location: \_\_\_\_\_
14. (a) Will the person whose permit has been revoked within the past two (2) years be employed by the applicant, or have any financial interest in the business of the applicant?  Yes  No
- (b) If the answer to 14 (a) is yes, fill in the following:  
Name of such person: \_\_\_\_\_  
Date of revocation: \_\_\_\_\_
15. Has payment by applicant(s) of all privilege licenses, real and personal taxes been made, with no delinquent tax amount due and payable?  Yes  No
16. Is the business location located closer than five hundred (500) feet to any church, school, or kindergarten as measured from the front door of your business along the center line of the street to the front door of any such establishment?  Yes  No
17. Is your business located in a commercial zone of the City?  Yes  No
18. Is your business a restaurant?  Yes  No
19. If the answer to 18 is yes, does your restaurant derive sixty (60%) or more of the revenue derived from this restaurant location from the preparation, cooking and serving of meals and not from the sale of beverages?  Yes  No
20. Is your business a hotel with at least twenty (20) adequately furnished and completely separate sleeping rooms?  Yes  No
21. Does your business contain any pinball machines, pool tables, or other coin operated amusement machines with the exception of juke boxes?  Yes  No
22. Does your business have a drive up window?  Yes  No  
If yes, you may not sell alcoholic beverages from said window.
23. If your business is a restaurant, do you maintain records of your gross sales?  
 Yes  No  
If yes, please attach evidence of your current gross sales. If you are a new restaurant, please attach information regarding the inventory of the restaurant to establish that you plan to meet the sixty percent (60%) revenue requirement. New restaurants agree to submit proof of gross sales six (6) months after the opening of the restaurant, and the City shall be able to request information regarding gross sales at any time.
24. I will, whenever called on to do so, furnish the issuing authority or agents of the City of Flowood, Mississippi, with such records, documents, or other evidence as may be necessary in order to prove compliance with the said Ordinance.
25. I have read and understand the Qualified Resort Area Ordinance of the City of Flowood, Mississippi and certify that I am qualified to obtain a special use permit and to be established as a City Qualified Resort Area to sell Alcoholic Beverages pursuant to the terms thereof. All of the foregoing representations apply individually and collectively to all officers, directors, and the person or persons managing the licensed premises of any corporation and to any such stockholder of such corporation owning more than five percent (5%) of the stock of such corporation making application for this permit. In the case of a limited liability company, all of the foregoing representations apply individually and collectively to all members, managers and officers. In the case of a partnership, all of the foregoing representations apply individually and collectively to all partners.
26. I understand that should it be proven that any statement or certification contained

herein is untrue or incorrect or should I violate any provision of the aforesaid Ordinance, my permit, if granted, may be revoked and that I will be subject to the penalties as stated in the ordinance.

Title \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Approved by the City Clerk of the City of Flowood, Mississippi on this the \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
City Clerk