



Community Development Department Planning Division

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**APPLICATION FOR BED AND BREAKFAST SPECIAL EVENT PERMIT
(when situated within Residential Zoning District Classifications)**

Name of Bed and Breakfast: _____

Address of Bed and Breakfast: _____

Phone Number(s) of Establishment: _____

Name/Phone Number of Representative of Bed and Breakfast: _____

Date of Event: _____

Begin Time of Event: _____ End Time of Event: _____

Name of Event: _____

Type of Event: _____

Name of representative of Event: _____

Phone Number of Representative: _____

Address of Representative: _____

Number of Guests/Participants of Event: _____

Nature/type of entertainment, if any, to be provided: _____

Location of entertainment on premises, if any, to be provided: _____

Preparations, if any, which will be needed to prepare for or clean-up after the event; specifically, the times and nature of any work or deliveries necessary to prepare for the event and any noise created by same before, during or after the event: _____

Parking arrangements for Guests/Participants: _____

Any additional arrangements anticipated for event: _____

Signature of Applicant: _____ Date Submitted: _____

Printed Name of Applicant: _____

Approved by Planning Staff: _____ Date Approved: _____

Conditions, if any, placed upon event: _____