



**INSTRUCTIONS FOR LICENSE APPLICATIONS
PORT PASCAGOULA, MISSISSIPPI
Contact: (228) 762-4041**

Each company providing a service or services and desiring to do business on or in connection with Port Pascagoula shall file a completed **LICENSE APPLICATION** accompanied by the necessary supporting information called for therein with payment of the appropriate licensing fees.

Effective March 1, 1992, no company, whether currently doing business on or in connection with Port Pascagoula or whether applying for authority to so perform, shall be permitted to conduct business thereon until such **LICENSE APPLICATION**, accompanied by the appropriate application fee and supporting documents, has been received and approved by Port Pascagoula.

Upon receipt of the completed **LICENSE APPLICATION** and licensing fees, the license request will be presented to the Board of Commissioners at its once-monthly meeting for approval or rejection. Notification of approval or rejection will be given on the day of the meeting or the day the action has been taken.

The license shall be issued and renewed for a one-year term from March 1 through the last day of February. New licenses issued will be prorated on a semiannual basis and will expire on the last day of February at which time they may be renewed. A new **LICENSE APPLICATION** will not be necessary for license renewal unless requested by Port Pascagoula, or changes in the company warrant an updated application, however, all certificated of insurance and license/permit bonds must be kept current.

License Fees for original license and annual renewals:

- | | |
|--|----------|
| a) License fee for Stevedore/Terminal Operator | \$500.00 |
| b) License fee for all others | \$50.00 |

License/Permit Bond:

- | | |
|--------------------------------|------------|
| a) Stevedore/Terminal Operator | \$5,000.00 |
| b) All others | \$1,000.00 |

Insurance Requirement: (Policies are to be furnished with a License Application and kept current throughout the year)

1. Stevedore/Terminal Operator Limits
 - a) General Liability \$5,000,000.00 combined
 - single limits
 - bodily injury
 - and property
 - Damage
 - b) Workman Compensation Statutory
 - c) Automobile Liability Proof of coverage
2. All other Licensees* Limits
 - a) General Liability \$1,000,000.00 combined
 - single limits
 - bodily injury
 - and property
 - damage
 - b) Workman Compensation Statutory
 - c) Automobile Liability Proof of coverage

Persons applying for a license as an individual providing professional services shall not be required to carry Workman Compensation of General Liability coverage.

Mailing Address:

Port Pascagoula
Post Office Box 70
Pascagoula, MS 39568-0070

Phone: (228) 762-4041



**Jackson County Port Authority
PORT PASCAGOULA
LICENSE APPLICATION**

In accordance with the provisions of Section I, Item 25 of Port Pascagoula Tariff No. 2, application is hereby made for a license to operate as a _____ at Port Pascagoula, Mississippi. In support of this license application the following information is submitted:

(Additional pages may be attached hereto in responding to these questions and those additional pages will be considered a part of this application. Please use the format attached for any additional pages.)

1. Applicant's Company name: _____

2. (a) Applicant's principal business address: _____

(b) _____

3. (a) Address at which books and records of Applicant are, or will be maintained:

(b) Telephone: _____

4. (a) Applicant's form of business entity, via proprietorship, partnership, corporation, other (please describe): _____

(b) If a corporation, state of incorporation: _____

5. (a) Names and positions of all officers of Applicant, and addresses if different from No. 2 (a):

(b) Names, addresses, and nationalities of individuals and/or firms owning or having direct or indirect controlling interest in Applicant's business:

6. Have any owners or principal officers of Applicant ever been convicted of a felony or violation of any narcotics laws? _____

If "YES" describe in detail on separate sheet.

7. Has the company, person, agent or principles making this license application ever filed for bankruptcy? _____
If "YES" describe in detail on separate sheet, including the designating date, court, and cause number.

8. Is the Company making this license application the same company that will perform the services as Licensee? _____
If not, explain in detail. _____

9. What additional new business will Port Pascagoula gain by licensing the Applicant, if any?

10. (a) Nature of Applicant's current business: _____

(b) If Applicant's current business is different than the purpose of the license, please explain how Applicant will undertake this new endeavor (*use a separate sheet to answer*).

11. In support of this application, and to establish proof that Applicant is ready, willing, and able to perform under the requested license, please provide documentary evidence of:

- (a) Financial responsibility,
- (b) Experience in proposed operation, and
- (c) Required insurance coverage.

12. (a) Does the Applicant currently hold a valid license to perform the proposed service, or similar services, at any other port or place? (Place list the ports or places and effective dates of licenses) _____

(b) Has Applicant performed the service within the past six month? _____
If "YES", state where and for whom services have been performed: _____

If "NO", state reason: _____

13. Customer, Business, and Banking References (List names, addresses and phone numbers):

14. Does Applicant presently have an office in Jackson County, Mississippi? _____

(a) If "YES", give the address and phone number: _____

(b) Number of present Jackson County employees. _____

(c) If Applicant does not presently have an office in Jackson County, Mississippi office, will Applicant establish such an office if license is granted? _____

(d) If "YES", when? _____

15. If the Applicant's service requires employees, will the Applicant employ Jackson County residents? _____

16. How many personnel does Applicant employ in other locations (where, and number at each)?

17. The facilities of the Jackson County Port Authority are operated in an environmentally sound manner. Does the Applicant agree that he, or anyone using the facilities because of the issued license, if granted, will not handle, store or bring onto Port property any substances considered hazardous and/or corrosive under any federal, state, or local law unless first receiving written approval of the Port?

18. If the license requested by this application is granted, will Applicant hold Port Pascagoula, the Jackson County Port Authority, and Jackson County, MS harmless from claims arising out of any operation, in accordance with Port Pascagoula Tariff No. 2 Rule 125 (copy attached)?

19. In the event this license application is approved and a license is granted, will the Applicant agree to abide by all the provisions of Port Pascagoula No. 2, including all subsequent changes and re-issues? _____

20. Will Applicant agree to provide Port Pascagoula upon request, rates, charges, and conditions for services provided in conjunction with this license? _____

21. Will Applicant notify Port Pascagoula in writing within ten working days of any change in the information supplied in this application? _____

I, the undersigned, declare that all contents of this application are true and factual. I understand that any misrepresentation of information shall be grounds for immediate rejection of the application or revocation of the license.

Signature: _____

Date: _____

Title: _____

Company Name: _____

STATE OF _____

COUNTY OF _____

PERSONALLY appeared before me, the undersigned authority in and for the County of _____, State of _____, who acknowledged that he signed and delivered the foregoing instrument on the day and in the year therein mentioned as his voluntary act and deed.

GIVEN under my hand and official seal of office, this the _____ day of _____, 2024.

NOTARY PUBLIC

My Commission Expires: _____

POINT OF CONTACT

Please provide contact information for the person to whom the Port Pascagoula Finance Department will coordinate all billing/invoicing through.

Please note that all invoicing will be sent in PDF format via the email address provided.