



City of Pascagoula

Central Business District Tax Abatement Application

Name of Applicant: _____

Applicant's Address: _____ City _____

State / Zip Code _____

Phone _____ FAX: _____

Business Name _____

Business Address: _____

Is this a New Business? YES NO

Estimated Value of Renovation / Construction \$ _____

By signing below, I hereby confirm that I am an authorized representative of the applying business and the Information provided to be truthful to the best of my knowledge. Furthermore, I understand that this tax abatement will be approved or denied, or the exemption term or amounts reduced at the sole discretion of the City Council of the City of Pascagoula as per the Order which the tax exemption policy was established.

Signature of Applicant _____ Date _____

Staff Use Only

Building / Property Value Preconstruction \$ _____ Post Construction \$ _____

Within Boundaries of CBD? _____

Staff Recommendation APPROVE DENY

By: Name: _____ Title: _____

Comments: _____
