

**REGISTRATION APPLICATION FOR PRIVILEGE LICENSE TO OPERATE A
TRANSIENT BUSINESS**

APPLICANT MUST COMPLETE ALL SPACES

 NEW \$25.00
 RENEWAL \$10.00

LICENSE APPLIED FOR _____
Municipality _____

1. Applicant's Name _____ 2. Telephone Number _____

3. Applicant's Street Address _____ 4. SSN or Federal ID# _____

5. State of Mississippi Sales Tax Number _____

6. List Other Counties and Municipalities where Licensed to Operate Transient Business
and Permit or License Numbers

7. Kind of Product or Service _____

8. Location Where Business will be Conducted _____

9. Length of time Business will be Conducted _____

10. Name of Registered Agent _____

Address of Agent _____ Telephone # _____

11. If applicant is association or corporation, complete the following:

A. Names and Addresses of Members of Association or Officers of the Corporation

Name	Address	Title	SSN

B. Corporation organized under the laws of State of _____

A vendor must secure a license before beginning business for each municipality in which business will be conducted. License is valid for ninety (90) days from date issued and is not transferable. Renew fee is \$10.00 if renewal is filed before license expire. The transient vendor license number, state sales tax number, and a statement that vendor is required to give purchasers a receipt which includes tax, must be displayed in a prominent place. This posting is required to be written in bold, legible letters not less than one inch in height. A cash bond or surety bond made in favor of the State of Mississippi in the amount of \$10,000.00 must accompany this application. The transient vendor must maintain the bond during the period that he conducts business in the municipality and for a period of one year thereafter. Vendor must maintain a running total of all sales and pay all applicable sales taxes and other taxes that may apply. Violators of this act or any of its provisions can be convicted of a misdemeanor, fined \$500.00 and/or imprisoned for up to six months.

I DECLARE UNDER THE PENALTIES OF PERJURY, THAT THIS APPLICATION AND ALL ITS SUPPORTING DOCUMENTATION, IS TO MY KNOWLEDGE TRUE AND CORRECT.

Signature of Applicant

Date

Office Use: License Number _____ Date Issued _____