

Name of Registered Agent: _____ Primary Contact Number: _____

Address of Agent: _____

(City)

(State)

(Zip Code)

- If applicant is association or corporation, complete the following:

1. Name and addresses of Members of Association or Officers of the Corporation

Names	Address	Title	Soc Sec. #

2. Corporation Organized Under the Laws of State of _____, Year _____

3. If foreign corporation, date authorized to conduct business in Mississippi: _____

A vendor must secure a license before beginning for each county and each municipality in which the business will be conducted. The license is valid for ninety (90) days from the date issued and is not transferable. The renewal fee is \$26.00 (including records management fee) if the renewal is filed before the license expires. The transient vendors license number, state sales tax number, and statement that the vendor is required to give purchasers a receipt which includes sales 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 security bond made in favor of the state of Mississippi, in the amount of the lesser \$2,000 or 5% of wholesale value of inventory, must accompany this application. This bond must not expire for one full year after business is conducted. Also, a good and sufficient penal bond in an amount of \$1,000 must be attached to this application. The vendor must maintain a running total of all sales and pay all applicable sales taxes and any other taxes that may apply. Violators of the act or any of its provisions can be convicted of a misdemeanor, fines \$500.00 and/or imprisoned for up to (6) 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

(Agent must be a resident of the county or municipality from which the license is obtained. Signed authorization must be attached to this form.)

Office Use:

License Number

Date Issued



**CITY OF QUITMAN, MISSISSIPPI
APPLICATION FOR PRIVILEGE LICENSE TO OPERATE TRANSIENT BUSINESS**

**NEW PERMIT FEE: \$126.00
RENEWAL PERMIT FEE: \$26.00
RECORDS MANAGEMENT FEE INCLUDED**

LICENSE APPLIED FOR: _____
(COUNTY OR MUNICIPALITY)

Applicant Name: _____

Home Phone Number: _____ **Cell Phone Number:** _____

E-Mail address: _____

Permanent Address: _____

_____, _____, _____
(City) (State) (Zip Code)

State of Mississippi Sales Tax Number: _____

Social Security or Federal ID Number: _____

Counties and Municipalities where licensed to Operate Transient Business and Permit License Numbers

Description of Products of Services Available: _____

Location where Business will be conducted: _____

Days of Operation: _____ to _____ **Hours of Operation:** _____ to _____