Registration Application for Privilege License to Operate Transient Business in Lucedale, MS

Applicant Must Complete All Spaces

- o NEW $250.00
- o RENEWAL $25.00

1. Applicant's Name _____
2. Applicant's Address _____
3. Phone Number(s)_____
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 number.

   _____

   _____
7. Type 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_____ Phone_____
11. If applicant is association or corporation please complete the following:
    a. Name Address Title SSN

    _____

    _____

    b. Corporation organization under the laws of State of _____ Year _____

    If foreign corporation, date authorized to conduct business in MS _____

A vendor must secure a license before beginning business for each County and each Municipality in which business will be conducted. License is valid for ninety days from date issued and is not transferable; renewal fee is $25.00 if renewal is filed before license expires. The transient vendor license number state sales tax number and a statement that 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 surety bond made in favor of the State of MS in the amount of the lesser 2,000.00 or 5% wholesale value of inventory must accompany this application. This bond must not expire for one full year after business is conducted. Vendor must maintain a running total of all sales and pay all applicable sales taxes and any 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*