



**CITY OF SOUTHAVEN
APPLICATION FOR PRIVILEGE LICENSE
TO OPERATE TRANSIENT BUSINESS**

- NEW PERMIT FEE: \$250
 RENEWAL PERMIT FEE: \$25

For Office Use Only

Customer # _____

License # _____

Bill # _____

Date of Issuance _____

Proposed Location: _____

Zoned: _____

Transient Vendor Information

Applicant Name: _____

Business Name (DBA): _____

Transient Business Owner: _____

Mailing Address: _____

(City) \ (State) \ (Zip Code)

Business Phone: _____ Cell Phone: _____
(This phone number will be public record)

Email Address: _____

Description of Products of Services Available: _____

License Requirements (no exceptions):

Do you sell food ____ (Y/N)? If so, please enclose a copy of your Department of Health Food Permit.

- State of Mississippi Sales Tax Number: _____
(Contact the MS Department of Revenue at 662-562-4489 to obtain Sales Tax Number) Social Security or Federal ID Number: _____
- Property Owner Permit for Accessory Vending
 Notarized Agent Affidavit (Miss. Code 75-85-11)
 Photo ID
 Food Permit (Miss. Code 75-85-7)
 \$2,000 Surety Bond (Miss. Code 75-85-13)
 \$2,000 Penal Bond (Miss. Code 21-19-35)
 Fire Inspection

AFFIDAVIT

I hereby certify that all information given on this application for the purpose of obtaining a transient vendors license in an amount of time not to exceed ninety (90) days is true and correct. I further certify that I have been given all necessary codes and regulations necessary to comply with the City of Southaven's transient vendor application and fully intend to comply with these stated requirements. I understand that if I am non-compliant for any reason, this license may be revoked and future licenses could be suspended.

I agree

Signature	Title	Date
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Registered Agent Information *Agent must be a resident of the City of Southaven

Name of Registered Agent: _____ Primary Contact Number: _____

Address of Agent: _____

(City) \ (State) \ (Zip Code)

Registered Agent Signature

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____

Notary Public Signature My Commission Expires: _____

If applicant is association or corporation, complete the following: (Miss. Code 75-85-7)

1. Names and Addresses of Members of Association or Officers of the Corporation Names Address Title
Social Security Number

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 business in the City of Southaven. LICENSE IS VALID FOR NINETY (90) DAYS FROM THE DATE ISSUED AND IS NOT TRANSFERABLE. A RENEWAL OF THE LICENSE MUST BE OBTAINED BEFORE THE ORIGINAL LICESNE EXPIRES AND SHALL BE GOOD FOR AN ADDITIONAL NINETY (90) CONSECUTIVE DAYS. ONCE THE ORIGINAL AND RENEWAL LICENSE HAVE EXPIRED THE VENDOR AGREES TO VACATE THE CITY FOR THE REMAINDER OF THE CALENDAR YEAR. AT NO TIME WILL A TRANSIENT VENDOR EXCEED ONE HUNDRED AND EIGHTY (180) DAYS OF ANY CALENDAR YEAR. The transient vendors license number, state sales tax number, and a 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 up to \$2,000 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 this act or any of its provisions can be convicted of a misdemeanor, fined \$500.00 and/or imprisoned for up to six (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)

CC _____ OPD _____