



**TRANSIENT VENDOR
PRIVILEGE LICENSE APPLICATION**

(As required by Miss. Code Ann. §75-85-1 through 75-85-19)

****ALL SPACES MUST BE COMPLETED****

IN ACCORDANCE WITH MISSISSIPPI CODE ANNOTATED §75-85-1 THROUGH 75-85-19, A VENDOR MUST SECURE A LICENSE BEFORE BEGINNING BUSINESS FOR EACH COUNTY AND EACH MUNICIPALITY IN WHICH BUSINESS WILL BE CONDUCTED. THE LICENSE IS VALID FOR NINETY DAYS FROM THE DATE ISSUED AND IS NON-TRANSFERABLE. THE RENEWAL FEE IS \$25.00, IF RENEWAL IS FILED BEFORE THE LICENSE EXPIRES. A LICENSE CAN ONLY BE RENEWED ONE TIME BEFORE THIS PROCESS MUST BE REPEATED IN ITS ENTIRETY.

90-DAY License ____ (\$250.00)

90-DAY Renewal ____ (\$25.00)

1. Business Name: _____
2. Name of Registered Agent: _____
3. Permanent Address: _____
City State Zip
4. Email Address: _____
5. Telephone Numbers: (____) _____ Contact Name: _____
(____) _____ Contact Name: _____

THE TRANSIENT VENDOR 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. THE VENDOR MUST MAINTAIN A RUNNING TOTAL OF ALL SALES AND PAY ALL APPLICABLE SALES TAXES AND ANY OTHER TAXES THAT MAY APPLY.

6. Federal EIN or SSN #: _____ MS State Sales Tax #: _____
7. List other Counties and Municipalities where licensed to operate a transient business AND permit or license #: _____
8. Type of Business (product/service): _____
9. Location where business will be conducted: _____
10. Length of time business will be conducted: _____

A CASH BOND OR SURETY BOND MADE IN FAVOR OF THE CITY OF RICHLAND IN THE AMOUNT OF \$2,000.00 MUST ACCOMPANY THIS APPLICATION. THIS BOND MUST NOT EXPIRE FOR ONE FULL YEAR AFTER BUSINESS IS CONDUCTED. 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 ARE TO MY KNOWLEDGE TRUE AND CORRECT.

Signature: _____ Title: _____ Date: _____

**STATE OF MISSISSIPPI
COUNTY OF _____**

_____, personally, appearing before me, the undersigned authority in and for the
(APPLICANT)
said county and state, on this _____ day of _____, 20____, within my jurisdiction, acknowledges
that he/she, in the capacity of representative for _____, executed the above and the
(NAME OF BUSINESS)
foregoing instrument after having been duly authorized.

My Commission Expires:
(SEAL)

Notary Public