



City of Senatobia

MISSISSIPPI

131 N. Front St. Senatobia, MS 38668
P.O. Box 1020 Phone: 662-562-4474

APPLICATION FOR PRIVILEGE LICENSE TO OPERATE TRANSIENT BUSINESS

Applicant's name _____ Phone _____

Business Name/DBA _____

Business Phone (this will be public record) _____

Business Owner Physical Address _____

Business Owner mailing address _____

Email address: _____

Description of product or service _____

License Requirements: (NO exceptions) _____

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

_____ Department of Health Permit

_____ State of Mississippi Sales Tax Number: _____

_____ Social Security or Federal ID Number: _____

_____ Property Owner Permission

_____ Notarized Agent Affidavit (MS Code 75-85-11)

_____ Photo ID # _____

_____ Food Permit (MS Code 75-85-13)

_____ Fire Inspection

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

1) Names, addresses, titles, and social security numbers for Members of an Association or Officers of a Corporation:

2) Corporation Organized Under the Laws of the 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 Senatobia. LICENSE IS VALID FOR NINETY (90) DAYS FROM DATE ISSUED AND IS NOT TRANSFERABLE. A RENEWAL OF THE LICENSE MUST BE OBTAINED BEFORE THE ORIGINAL LICENSE 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 vendor's 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 of \$2,000.00 or 5% of wholesale value of inventory, must accompany this application. This bond must not expire for one full year after business is conducted. The vendor must maintain a running total of all sales and pay all applicable sales taxes and any other taxes that might 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 DELCARE UNDER PENALTIES OF PERJURY, THAT THIS APPLICATION AND ALL ITS SUPPORTING DOCUMENTATION, IS TO MY KNOWLEDGE TRUE AND CORRECT.

Signature of Applicant

Date

AFFIDAVIT:

I hereby certify that all information given on this application for the purpose of obtaining a transient vendor 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 Senatobia'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.

INITIAL

Signature

Title

Date

I hereby agree to comply with all City, State, and Federal Laws & Regulations and the current codes adopted by the City of Senatobia. If the first inspection is not obtained within 6 months and the final inspection within 2 years this permit is void.

Please allow 7 -14 business days for your license to be processed, you will be notified by email along with a copy of your license, if approved.

Registered Agent Information: * Agent must be a resident of Senatobia or Tate County, Mississippi.

Name of Registered Agent: _____

Contact Number: _____ **Address of Agent:** _____

Registered Agent Signature

State of _____ County _____

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

Notary Public Signature

My commission Expires

BUILDING DEPT OFFICE USE ONLY

Fee _____ Review Fee _____ Cash _____ Check # _____ Receipt # _____

Intake Staff: _____ Date _____

Approval Signature _____ Title _____

Date _____ Permit # _____