OFFICE USE: LICENSE NUMBER\_

## REGISTRATION APPLICATION FOR PRIVILEGE LICENSE TO OPERATE A TRANSIENT BUSINESS

A. NAMES AND A NAME  B. CORPOR	DDRESSES OF M	MEMBERS OF A	RATION, COMPLETE THE FOLLOWIN ASSOCIATION OR OFFICERS OF THE DDRESS E LAWS OF STATE OF TO CONDUCT BUSINESS IN MISSIS	ECORPORATION TITLE	SSN YEAR
A. NAMES AND A		MEMBERS OF A	ASSOCIATION OR OFFICERS OF THE	CORPORATION	SSN
11. IF APPLICAN	TIS ASSOCIATIO	N OR CORPOR	RATION, COMPLETE THE FOLLOWIN	G:	
(AGENT MUST	BE A RESIDENT OF CO	DUNTY OR MUNICIF	'ALITY FROM WHICH LICENSE IS OBTAINED. SIC		MUST BE ATTACHED TO THIS FORM.)
			CITY	COUNTY	
ADDRESS OF AG	ENT			TELEPHON	E#
10. NAME OF RE	GISTERED AGEN	ΙΤ			
9. LENGTH OF T	IME BUSINESS W	VILL BE CONDU	JCTED		
8. LOCATION WI	HERE BUSINESS	WILL BE CONE	DUCTED		
7. KIND OF PROI	DUCT OR SERVI	DE			
		<del></del>			
-			·		
6. LIST OTHER C	COUNTIES AND N	MUNICIPALITIES	S WHERE LICENSED TO OPERATE T	RANSIENT BUSINESS AND F	PERMIT OR LICENSE NUMBERS
5. STATE OF MIS	SSISSIPPI SALES	TAX NUMBER		3-7-111-11	
3. TELEPHONE	NUMBER (	)	4. SSI	OR FEDERAL ID #	
Z. AT LIGHT	, , , , , , , , , , , , , , , , , , , ,		CITY	STATE	ZIP CODE
2. APPLICANT'S					
1. APPLICANT'S	NAME				
		\$ 25.00	LICENSE APPLIED FOR	COUNTY OR MUN	IICIPALITY
RENEWAL					
NEW RENEWAL		\$ 250.00			

\_\_\_\_\_DATE ISSUED\_