



TOWN OF MOUNT OLIVE  
501 S. MAIN STREET  
P.O. BOX 510  
MOUNT OLIVE, MS 39119  
PHONE: 601.797.3496  
FAX: 601.797.3035

[WWW.TOWNOFMTOLIVEMS.COM](http://WWW.TOWNOFMTOLIVEMS.COM)

**PRIVILEGE LICENSE APPLICATION TO OPERATE TRANSIENT BUSINESS**

Name of Business: \_\_\_\_\_

**APPLICATION TYPE:**

NEW - \$250.00                       RENEW - \$25.00

**APPLICANT INFORMATION**

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Ph \_\_\_\_\_

SSN or Federal ID Number \_\_\_\_\_ State of Miss Sales Tax Number \_\_\_\_\_

Other counties and municipalities where licensed to operate transient business and license numbers:

\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS INFORMATION**

Description of service available \_\_\_\_\_

Location where business will be conduct \_\_\_\_\_

Date when business will start \_\_\_\_\_

Days of Operation: \_\_\_\_\_ to \_\_\_\_\_                      Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

If applicant is an association or corporation, complete the following:

Name, Address, Title and SSN of members of association or officers of the corporation.

\_\_\_\_\_  
\_\_\_\_\_

Corporation organized under the laws of STATE of \_\_\_\_\_ YEAR \_\_\_\_\_

If foreign corporation, date authorized to conduct business in Mississippi \_\_\_\_\_

**(SEE BACK)**



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**BUSINESS AGENT**

Registered agent must be a resident of county or municipality from which license is obtained. Signed & notarized authorization from agent must be attached to this form.

Registered Agent - Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Ph \_\_\_\_\_

A vendor must secure a license before beginning business for each county and municipality in which business will be conducted. **License is valid for ninety days (90) from date issued and is NOT transferable.** 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 in 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 license and permit bond made in favor of the Town of Mount Olive in the amount of the lesser, \$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 in 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 (6) months.

**I declare under the penalties of perjury this application and all its supporting documentation is, to my knowledge, true and correct.**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE**

License Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_