

No. _____

**Mississippi Department of Agriculture and Commerce
P.O. Box 1609
Jackson, Mississippi 39215-1609
Cindy Hyde-Smith, Commissioner**

APPLICATION FOR EGG MARKETING LICENSE

The undersigned hereby applies for license required by Section 69-7-267, Mississippi Code of 1972, as amended, to engage in the business of producing and/or marketing eggs, as defined in Section 69-7-251(c) Code of 1972, in the State of Mississippi.

Business Name		
Contact Person		
Physical Address (No PO Boxes)		
City	State	Zip Code
County	Telephone	Fax
Mailing Address		
City	State	Zip Code
State Business or Trade Name Used, if any		
How long has applicant been engaged in business for which application is made?		
Approximately number of cases of egg sold in Mississippi by applicant per month?		
Approximately number of cases purchased by applicant for sale in Mississippi each month?		
Email Address		

The undersigned applicant certifies that all supplementary statements and schedules attached hereto and hereby made a part of this application and that all statements made in this application are true and correct, and further agrees to abide by the terms and conditions of the Egg Marketing Law and the rules and regulations promulgated under such law.

This the _____ day of _____, 20 _____.

Enclose with this application:

License Fee of \$50.00

Signature of Applicant