



Mississippi Department of Agriculture and Commerce
 Consumer Protection Division; Henri Fuselier, Jr.; Director
 P.O. Box 1609; Jackson, Mississippi 39215 · (601) 359-1148
 Fax: (601) 359-1175; cp@mdac.ms.gov

ID No. _____

APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENT LICENSE

The undersigned applicant hereby applies for a license to engage in business as a Mobile Retail Food Establishment, as required by Miss. Code Ann. §69-1-18.

CHECK ONE: New Renewal

If Renewal, has there been a change of ownership since last retail food sanitation license? YES NO

“New” means you did not have a vehicle licensed with us *last* year. Your vehicle will require an inspection before a license is granted; “Renewal” means your vehicle *did* have a license with us last year.

Full Name of Mobile Retail Establishment (As Filed with the Secretary of State)		Current License Number:	
Physical Address:		City:	State: Zip:
Mailing Address if Different from above:		City:	State: Zip:
Telephone No.	E-mail Address, Fax Number:	County	
Registered Legal Agent Representing this Business (As Filed with the Secretary of State)			
Registered Agent Address		Employer ID Number (Federal Tax ID Number) (IF SSN, LEAVE BLANK)	

TYPE OF OWNERSHIP: Individual Partnership LLC Corporation

Name of Owner/Partner/Manager	
If Corporation: In what state incorporated:	Corporation phone No.:
Principal office in State of Mississippi or resident agent:	If Partnership, List Partners:
If Partnership, Address of Partners:	

Mobile Unit Vehicle Information:

* Vehicle Tag Number/s _____

* Vehicle Number/s [if applicable] _____

* MS Tax I.D. Number _____

*Counties in Mississippi where sales will be conducted _____

The undersigned applicant hereby certifies that all statements, information, or schedules attached hereto are true and correct and applicant will comply with the Mississippi Retail Food Sanitation Law and Regulations and allow access to the establishment for inspection by the regulatory agency during the food establishment's hours of operation and other reasonable times.

This the _____ day of _____, 20_____

ATTENTION:
This completed application and a check or money order, in the amount of \$10.00, for each vehicle, payable to the Mississippi Department of Agriculture and Commerce, should be mailed to the address indicated at the top of the front page of this application. Applications that are incomplete and/or the fee is not submitted will not be processed.

Full name of applicant (Print Name)

Applicant's Signature

Title

Firm name (If corporation)

NOTE: (1.) Application must be signed. If partnership, each partner must sign. If corporation, corporate name must be signed in full with the officer's name or name of agent authorized to sign the application and title.

(Office Use Only)
Do Not Write Below

Check Number _____ Amount Received _____	(Date Received)
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