

Planning



Department

TRANSIENT VENDOR LICENSE APPLICATION

In the fields below, indicate the location where the transient vendor will conduct business:

Parcel Number: _____

Address (If Applicable): _____

Transient Vendor Name: _____

Description of Business Proposal: _____

Proposed Length of Time: _____

If the applicant wishes to be identified as a person, fill out the section directly below. If the applicant wishes to be identified as a business, corporation, company, organization, association, or similar entity, please skip the section directly below and fill out the next section:

Name of Person: _____

Home Address: _____

Phone Number: _____

Email: _____

If the applicant wishes to be identified as a business, corporation, company, organization, association, or similar entity, please fill out the section below instead of the section above:

Business Name: _____

Business Address: _____

Business Phone Number: _____

Business Email: _____

The Date When This Business Was Incorporated: _____

The State Where This Business Was Incorporated: _____

This application must list a registered agent for the transient vendor. A registered agent is a person that lives within the City of Horn Lake that will take responsibility for ensuring compliance regarding this transient vendor business. This person can be the same as someone already listed on the application, or it can be a different person.

Signature of Registered Agent: _____

Name of Registered Agent: _____

Address of Registered Agent: _____

Phone Number: _____

Email: _____

To ensure that all landowners are aware of all transient vendor operations on their land, we ask that the landowners complete the section below:

In signing below, I (we) confirm that I (we) own the land identified on this application and that the information in this application is true to the best of my (our) knowledge. Additionally, I (we) consent to the proposal being represented with this application.

Landowner Signature: _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Additional Landowner Signature (If Applicable): _____

Printed Name of Landowner: _____

Phone Number: _____

Email: _____

Required Documents:

- The applicant must show proof of a surety bond in the amount of \$2,000 in favor of the State of Mississippi and which shall be maintained for the entire duration of the business operation plus one year afterward.
- If the transient vendor is proposing to sell food, the applicant must show all required documentation from the county health department.

Transient Vendor License Fee: \$250

A transient vendor license is valid for 90 days. The applicant may renew the license for \$25 during this 90-day period. Each license may only be renewed one time. If the applicant fails to renew before expiration, then the applicant must obtain a new transient vendor license.

FOR OFFICE USE ONLY

Payment Type: ___ Cash ___ Check ___ Card

Amount Paid: _____

Date: _____

Transient Vendor License Number: _____