



Parade/Festival Vendor Application

**Return to: City of Long Beach; Attn: Permits; P.O. Box 929; 201 Jeff Davis Avenue
39560; By Fax (228) 863-1558; By E-mail: tina@cityoflongbeachms.com**

Today's date: _____

1. Name of your business _____

2. Location of the event _____

3. Name of the event _____

4. Date of the event _____

5. Mailing address _____

6. Phone number(B) _____ (C) _____

7. Description of your business/items sold: _____

8. Number of employees _____ (MUST have at least one (1))

9. Applicant's name _____

10. Business **MISSISSIPPI** Sales Tax ID Number or SSN _____

*****YOUR LICENSE WILL NOT BE PROCESSED, IF LEFT BLANK.**

11. Applicant's home address (if different from mailing address) _____

12. Applicant's title _____

**I HEREBY CERTIFY THAT ALL INFORMATION GIVEN ON THIS APPLICATION
FOR THE PURPOSE OF SECURING A PRIVILEGE LICENSE AND DETERMINING
THE AMOUNT IS TRUE AND CORRECT.**

SIGNATURE

\$25.00 FEE/EACH LICENSE