



Parade 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: veronica@cityoflongbeachms.com
www.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) _____ (H) _____ (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 PRIVILEGE LICENSE AND DETERMINING THE AMOUNT IS TRUE AND CORRECT.

SIGNATURE

\$10.00 FEE/EACH LICENSE