



CITY OF LONG BEACH, MISSISSIPPI
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PARADE VENDOR APPLICATION

TODAY'S DATE: _____

1. NAME OF BUSINESS _____

2. LOCATION OF THE EVENT _____

3. NAME OF EVENT _____

4. DATE OF EVENT _____

5. MAILING ADDRESS _____

6. PHONE NUMBER (B) _____ (H) _____ (C) _____

7. DESCRIPTION OF BUSINESS: _____

8. NUMBER OF EMPLOYEES _____

9. APPLICANTS NAME _____

10. APPLICANTS SSN NUMBER OR **MISSISSIPPI** SALES TAX ID NUMBER _____

11. APPLICANT HOME ADDRESS (if different from mailing address) _____

12. APPLICANTS 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