



**STATE OF MISSISSIPPI
DEPARTMENT OF AGRICULTURE AND COMMERCE**

ANDY GIPSON
COMMISSIONER

RE: Mississippi Retail Food Establishments
Mobile Retail Food Establishment License

§ 69-1-18. Definitions; authority of commissioner to promulgate rules and regulations and to conduct sanitation inspections in retail food stores; licensing; penalties

(3) Each retail food establishment, before engaging in business, shall obtain a license from the commissioner. Owners of more than one (1) retail food establishment must obtain a license for each establishment. A license fee of Ten Dollars (\$10.00) must be paid to the department before a license will be issued. Application for such license shall be made on forms prescribed and furnished by the commissioner. Licenses issued under this subsection by the commissioner shall expire on June 30 each year and application for renewals thereof shall be made annually before the expiration date. Licenses shall not be transferable and application must be made for a new license if there is any change in location or ownership of the business.

Applications should be completed and mailed along with a check or money order payable to the MDAC, Consumer Protection Division, P. O. Box 1609, Jackson, MS 39215-1609. After the application has been processed a license will be issued.

The Department has implemented an online renewal system; **however, first time applicants must receive a Business ID before the online system can be used.** To renew your license, please visit www.ms.gov/mdac/retail_food.

Please note if your store is a small store, such as a convenience store that has recently started cooking, it may now be regulated by the Mississippi State Department of Health.

For questions about licensing, laws, regulations, or policy, please call please call the Consumer Protection office at 601-359-1148.



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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