

**APPLICATION,  
CLASS III TEMPORARY RETAILER'S PERMIT**

*This permit authorizes the complimentary service of wine and may only be issued to a retail establishment only twelve (12) times per calendar year for open house or promotional events.*



**RETURN TO:  
ALCOHOLIC BEVERAGE CONTROL  
PERMIT DEPARTMENT  
P.O. BOX 540  
MADISON, MS 39130-0540**

## **INSTRUCTIONS FOR PROPER FILING OF YOUR APPLICATION**

### ***PLEASE READ PRIOR TO COMPLETING THIS APPLICATION***

- An application fee is \$35.00 per day, in the form of either a **cashier's check or a money order** payable to the "Alcoholic Beverage Control" must be returned with this application.
- Class III Temporary Permits can only be issued to a business for 12 events during a calendar year. A separate Class III application must be submitted for each day.
- *This permit authorizes the complimentary service of wine only, no sales.*
- The applicant's signature must be notarized by a licensed Notary Public.
- The alcoholic beverages used by you under this permit must be purchased from a licensed package retailer located in the same county as your event.
- This application, with fee, must be received at the Alcoholic Beverage Control at least two (2) weeks prior to the event to assure adequate time for the processing and mailing of your permit.

If you have questions, or need assistance,  
please call the  
ABC Permit Department  
(601) 856-1330

(04/2009)

PERMIT DEPT. USE ONLY  
AMT. OF CHECK \_\_\_\_\_  
CHECK NO. \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_

## APPLICATION AND AFFIDAVIT FOR CLASS III TEMPORARY PERMIT

I. **APPLICANT:** Name \_\_\_\_\_  
(Name of sole owner, partnership, corporation, Limited Liability Company or trust)

DBA \_\_\_\_\_

Address: \_\_\_\_\_  
(street or post office box) (city) (state) (zip)

Contact Person for event: \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
(area code) (phone number)

II. Date of event: \_\_\_\_\_  
(month) (day) (year)

Location of event:

Address: \_\_\_\_\_  
(street) (city) (county) (zip)

Hours of event: (beginning) \_\_\_\_\_ (ending) \_\_\_\_\_

Location is \_\_\_ inside \_\_\_ outside the corporate city limits?

How many Class III permits has this business obtained this calendar year? \_\_\_\_\_

III. **LIST THE PACKAGE STORE FROM WHICH THE ALCOHOLIC BEVERAGES USED IN THIS EVENT WILL BE PURCHASED.**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (zip)

IV. Has any owner, officer, member of this business ever been convicted of of the following: a felony in any state or federal court OR violation of the "Local Option Alcoholic Beverage Control Laws" of the State of Mississippi OR violation of any law relating to alcoholic beverages, beer or light wine? \_\_\_\_\_ If "yes", explain fully: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### PERMITTEE CERTIFICATION AND OATH

I, \_\_\_\_\_, certify under penalty of perjury that the business applying for this Alcoholic Beverage Retailer's Permit does meet the qualifications of a permittee as described in Sections 67-1-5, 67-1-51, 67-1-55 and 67-1-69 of the Mississippi Code of 1972, Annotated. I affirm that this business will comply fully with the provisions of the Local Option Alcoholic Beverage Control Laws, Rules and Regulations in the purchase, sale, and handling of alcoholic beverages and will keep all records and make all reports and remittances as required thereby. I certify that the information presented on this application to be true and correct, to the best of my knowledge and belief.

BY: \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

### NOTARY

State of Mississippi  
County of \_\_\_\_\_

THIS DAY, personally came and appeared before me, the undersigned authority in and for the county and state aforesaid, the within named \_\_\_\_\_ who, after being by me first duly sworn, states on oath that the matters and things contained and set forth in the foregoing application are true and correct.

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

