



# MISSISSIPPI MOTOR VEHICLE COMMISSION

1755 Lelia Drive, Suite 200  
Jackson, MS 39216  
**Phone:** 601-987-3995  
**Fax:** 601-987-3997  
**Email:** info@mmvc.ms.gov

FOR OFFICE USE ONLY

Amount Paid:

\$ \_\_\_\_\_

Date Paid:

\_\_\_\_\_

## STAFF SALES EVENT PACKET

### CONTRACTING COMPANY APPLICATION

Required for first sale in Mississippi.

**Contracting Company:** \_\_\_\_\_

**Physical address** at which business is conducted

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Mailing address** if different from physical address

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Owner contact information** of contracting company applying with dealership

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

Email: \_\_\_\_\_

Last Sale with Mississippi (Date & Location): \_\_\_\_\_

**References** for contracting company

*Please provide the names, addresses, and telephone number for at least three dealerships that have been contracted by the applying Contracting Company in the past two years.*

Name of Dealership: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Dealership: \_\_\_\_\_

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### PROPOSED STAFFED SALES EVENT

Can be completed by Staffed Sales Event company.

☐ Off Site ☐ On Site

**Name of dealership hosting staffed sales event** (dealership name and license number):

\_\_\_\_\_

**Dealership Location** (City, State, Zip): \_\_\_\_\_

**Physical address** where sale will be conducted, if off-site

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

**Dates of Sales Event:** \_\_\_\_\_

**Company contracting** with applying dealership: \_\_\_\_\_

**Contact information** of contracting company applying with dealership (if changed)

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### SALES PERSONNEL ASSIGNED TO STAFFED SALES EVENT

Sale Date: \_\_\_\_\_ Location: \_\_\_\_\_

[illegible]

(please make copies of form if additional space is needed)



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## APPLICATION FOR STAFFED SALES EVENT PERSONNEL

Make copies as needed.

1. Staffed Sales Event Dates: \_\_\_\_\_

2. Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Current Address**

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

3. Have you ever been licensed to sell cars in Mississippi? ☐ YES ☐ NO

(If you answered YES please list dealerships and dates on lines below.)

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

4. Have you ever been charged with a felony or misdemeanor? ☐ YES ☐ NO

Have you ever been, or are you now, under indictment, or do you have pending charges against you of a criminal nature, other than traffic violations? ☐ YES ☐ NO

(If either answer is YES, please explain. Attach a separate sheet, if needed. Include court and/or police records, even if dismissed or pending.)

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

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by a third party private company, and to the release of such reports to the company and its designated representatives for the purpose of assisting the company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the company.

This information is being collected to conduct the background screen on you. It will not be used for any other purpose.

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that I am familiar with the provisions under the law which this application is made. I authorize and consent to your request of the inspection of any and all criminal records information in the possession of or accessible by a third party private company, including, but not limited to, any past history of a criminal offense(s) for which I may have been charged or convicted.

Signed: \_\_\_\_\_  
(Applicant's Name)

\_\_\_\_\_  
(Notary Public)

Subscribed and sworn to (or affirmed)  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.

SEAL

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

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The following must be submitted with this application:

- \$10.00 licensing fee for each salesperson
- \$40.00 for each NEW or YEARLY RENEWED salesperson to cover background check
- List of salespeople assigned to event
- If this is FIRST SALE, please complete the Contracting Company Application
- Off-Site Only:
  - 1) Written approval from factory or distributor giving permission to participate in the sale,
  - 2) a copy of your territory assigned by the factory or distributor, and
  - 3) a copy of the written agreement with the location owner/lessor.

**Please mail all documents to the address listed on the front of the application. All documents must be submitted 15 DAYS PRIOR to the first day of the proposed sales event. All information and documents must be received before permission is granted. Please call our office with any questions.**