

SECRETARY OF STATE OF MISSISSIPPI
Jackson, Mississippi

**APPLICATION FOR CERTIFICATE OF COMPLIANCE AND DESIGNATION OF
SECRETARY OF STATE AS AGENT FOR SERVICE OF PROCESS**

The undersigned, _____
Applicant's Officer, Agent, Partner, or other authorized party Title

who is a non-resident of the State of Mississippi, desiring to do business in Mississippi as a carnival, circus, fair, or other like concern or organization, hereby applies to the SECRETARY OF STATE OF MISSISSIPPI in accordance with the provisions Sections 75-75-1--75-75-19 of the Mississippi Code Annotated for a "Certificate of Compliance" necessary to commence operations anywhere in the State of Mississippi.

(1) The name of said concern or organization is: _____

owned by _____
(Include whether an individual partnership, corporation or LLC and set forth the full name of each individual partner, if a partnership, and the state law under which incorporated, if incorporated), whose address is:

(State the address of the individual owner or addresses of the members of the partnership or the place of domicile and main office, if a corporation or LLC.)

(2) The assets of said applicant over and above its total obligations are: _____dollars as disclosed as closed by the most recent annual financial statement of the applicant, a copy of which is attached hereto and make a part hereof and has not been materially reduced since then. (This statement must not be more than one year old and must be signed.)

(3) The number of employees of the applicant is _____, with rolling stock, property, and equipment to be brought into Mississippi with an estimated present market value of _____ dollars and the gate receipts during the preceding twelve months were _____dollars. It is estimated that _____ (insert number of customers) persons will use applicant's services while in the State of Mississippi.

(4) The applicant has the following personal injury and property damage liability or indemnity insurance, stating:
name of company : _____
the number of the policy: _____
the amount of the insurance: _____
the date of expiration thereof: _____
and a true copy of each policy of insurance if any, is attached hereto and made a part hereof.

The applicant hereby appoints the Secretary of State as lawful attorney and agent of the applicant upon whom there may be served any and all process in civil actions and proceedings against applicant by either a resident or non-resident for damages to persons or property, including actions for death, growing or arising out of its entrance into Mississippi, presence, operation, or doing business therein.

In testimony whereof, witness my signature the _____ day of _____, 20_____.

Name and Title

(If a partnership, one of the general partners must sign. If a corporation attach the corporate seal attested by the Secretary and indicate the position of the person signing. If an LLC this should be signed by a manager or member.

(Corporate Seal)

ATTEST:

Secretary of Corporation

State of _____

County of _____

Personally appeared before me _____

A lawful officer in and for the aforesaid jurisdiction _____

who having been first duly sworn on his oath states that he signed, executed, and

delivered the above instrument in writing.

Sworn to and subscribed before me the _____ day of _____, 20_____.

My Commission Expires
