### MIKE CHANEY

Commissioner of Insurance State Fire Marshal

### MARK HAIRE

Deputy Commissioner of Insurance



# MAILING ADDRESS:

P.O. Box 79 Jackson, MS. 39205-0079 Phone: 601-359-3569

# MISSISSIPPI INSURANCE DEPARTMENT

501 N. WEST STREET, SUITE 1001 WOOLFOLK BUILDING JACKSON, MISSISSIPPI 39201 www.mid.ms.gov

# STATE OF MISSISSIPPI APPLICATION FOR AUTOMOBILE CLUB COMPANY LICENSE Privilege Tax: \$100.00

Name:	
Home Office Address:	
	Zip Code
Mail Address:	
	Zip Code
Telephone Number:	EIN:
does hereby apply for license to ending the last day of March.	o operate as an Automobile Club in the State of Mississippi for the year
and obligations of the Laws of N	cretary for and on behalf of said automobile club accept in good faith the terms Mississippi as a part of the consideration of its license. It is understood and ed, may be revoked as provided in said law. Miss. Code Ann. §§ 83-11-201
	LICANTS: This form must be completed in its entirety. Make check payable partment. This license is renewable annually on the last day of March.
	Signature of President
	Signature of Secretary
	SWORN AND SUBSCRIBED BEFORE ME ON
My Commission Expires:	Notary Public
	Notary i dollo

Form: AC-2