## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## **ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME		CONTACT PERSON				
Mississippi Department of Revenue		Sam Portera, CPA 601-923-7317				
ADDRESS BO Box 1022		CITY	STATE	MS	ZIP 39215	
PO Box 1033 EMAIL	SUBMIT DATE	Jackson Name or number of rule(s):		IVIS	39213	
sam.portera@dor.ms.gov	8/26/20	Title 35, Part II, Subpart 2, Chapter 24 Check Cashing				
Short explanation of rule/amendment/repeal and reas	on(s) for proposing rule	/amendment/repeal: In section 100, a sentence v	was added clarify	ing that a holder i	s prohibited from charging	
a fee for cashing a check. A citation to the Mississippi	Check Cashers Act was d	eleted. Other minor changes were made.				
Specific legal authority authorizing the promulgation of	f rule: Miss. Code Ann.	Section 67-1-37(h), "To adopt and promulgate, re	peal and amend,	, such rules, regula	tions, standards,	
requirements and orders, not inconsistent with this ch	apter or any law of this	state or of the United States, as it deems necessa	ry to control the	manufacture, imp	ortation, transportation,	
distribution and sale of alcoholic liquor, whether inten						
the native wine laws."	aca for severage of nor	beverage use in a manner not meanistent with	ine provisions or		, vaner steetete, mereemig	
List all rules repealed, amended, or suspended by the	proposed rule: Miss. Adi	nin Code Title 35.II.2.24 Check Cashing				
ORAL PROCEEDING:		,				
An oral proceeding is scheduled for	r this rule on D	ate: Time: Place:				
Presently, an oral proceeding is not if an oral proceeding is not scheduled, an oral pten (10) or more persons. The written request notice of proposed rule adoption and should in agent or attorney, the name, address, email ad comment period, written submissions including	roceeding must be h should be submitted clude the name, addr dress, and telephone arguments, data, an	eld if a written request for an oral proceeding to the agency contact person at the above a ess, email address, and telephone number number of the party or parties you represe	address within of the person( nt. At any tim	twenty (20) day s) making the re e within the twe	s after the filing of this quest; and, if you are an inty-five (25) day public	
ECONOMIC IMPACT STATEMENT						
Economic impact statement not re	equired for this ru	lle. Concise summary of eco	onomic imp	act statemen	t attached.	
TEMPORARY RULES PRO		OPOSED ACTION ON RULES	FI	FINAL ACTION ON RULES		
				Date Proposed Rule Filed:		
Original filing		Action proposed:		ken:		
Renewal of effectiveness	4	New rule(s)		Adopted with no changes in text		
To be in effect in days	1	X Amendment to existing rule(s)		Adopted with changes		
Effective date:	4	Repeal of existing rule(s)		opted by refer	ence	
Immediately upon filing		ption by reference Withdrawn				
Other (specify):	II -	Proposed final effective date:		Repeal adopted as proposed		
		X 30 days after filing		Effective date:		
	(	Other (specify):		30 days after filing Other (specify):		
Printed name and Title of person	authorized to f	ile rules: Sam Portera CPA Dei			ax Policy	
Signature of person authorized to		2 1) -	m Portera		<u> </u>	
	DO	NOT WRITE BELOW THIS LINE				
OFFICIAL FILING STAMP		OFFICIAL FILING STAMP		OFFICIAL FILI	NG STAMP	
·	[]]					
			J L			
Accepted for filing by	Accept	ed for filing by	Accepted	d for filing by	•	
	1		1			

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.