



**CITY OF ATLANTA**  
3493 Donald Lee Hollowell Parkway N.W.  
Atlanta, Georgia 30331

**APPLICATION FOR PRIVATE PROPERTY/FLEA MARKET  
ASSISTANT VENDING**

**Assistant Vendor Fees - Application: \$50.00 Fingerprint: \$20.00 Merchandise: \$15.00**

1. Vending Type:  Assistant  Merchandise  Food  Combination

2. Full name: \_\_\_\_\_  
Last First Middle

Driver's License Number: \_\_\_\_\_ DL State: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

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

United States Citizen:  Yes  No INS Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_  
City State

Telephone Number: Home \_\_\_\_\_ Cellular \_\_\_\_\_

3. List residential address for the last five years, beginning with the current address.

1	
2	
3	
4	
5	

4. Have you been charged or convicted of any violation of the law?  YES  NO

Check all that apply:

Federal  Foreign Country  State Law  City Ordinance

If YES, provide information below:

YEAR	OFFENSE	DISPOSITION

5. Primary vendor's printed name: \_\_\_\_\_

Primary vendor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL OFFICE USE ONLY**

INVESTIGATOR/INSPECTOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

APPLICATION STATUS:  APPROVED  DENIED DATE: \_\_\_\_\_

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [*name of government entity*], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: