

MOBILE FOOD UNIT INFORMATION SHEET

Application	Please write legibly in BLACK ink or type information. Answer all questions appropriately and in detail. Application must be signed, dated, and notarized. NOTE: Incomplete applications will not be accepted.
Location(s)	Vending permit (s) are needed for each/all location(s).
Identification	Applicants must provide valid state driver's license. Non- citizens must provide a valid Resident Alien card or a work identification card giving them permission to work in the United States.
Corporate Papers	Submit a certificate of incorporation, a copy of the corporate charter/by-laws that have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and title of each officer on the application.
Business License	A business license is required after receiving a Mobile Food Unit permit.
State Tax ID number (NO EMPLOYEES)	A hard copy is required with the state seal and identification number. The identification number may be obtained at the Georgia Department of Revenue.
Federal Tax ID number (EMPLOYEES)	A hard copy is required with the federal seal and identification number. The identification number may be obtained at the Internal Revenue Service.
Health Permit	Applicants must provide a Movable Food permit and Notice to Applicant form which is obtained and signed by the Fulton County Department of Health and Wellness Environmental Health Services.
Zoning Form	Applicants must submit a City of Atlanta Zoning form for approval to the Bureau of Building, located at City Hall.
Valid Permission Letter	Applicants must submit a valid, notarized permission letter for each location in which he/she is vending. This form must be signed by the property owner authorizing their property for Mobile Food Unit usage.
Reference Letters	Two (2) character reference letters must be submitted with application. All letters must be typed or written in black ink . Letters must also include the name, address and telephone number of person providing reference.

Documents

All applicants must provide the following items for each Mobile Food truck, trailer or hitch:
✓ Three (3) year drivers history
✓ Current Georgia Tag Registration
✓ Current Insurance Card
✓ Current Emission Form (When applicable)
✓ Current Insurance Policy in its entirety
(Including declaration pages)

Financial Documents

All applicants applying as a corporation must provide Three (3) months bank statements immediately preceding the application date.

Site Plan

Applicants must provide a visual depiction of the vending site showing the length, width, and height of the location.

Assistant Vendor

Assistant applicants are required to complete an application, pay fees, provide a three (3) year driver’s history and driver’s license.

Fees

Payment for fees will be accepted only in the form of a cashier’s check or money order. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express. Funds must be on separate money orders/cashier’s checks in the amounts listed below.

PRIMARY VENDOR

Application Fee \$50.00
Finger Print Fee \$20.00
Permit Fee \$150.00

ASSISTANT VENDOR

Application Fee \$50.00
Finger Print Fee \$20.00
Permit Fee \$100.00

RENEWAL

Permit Fee \$100.00
Application Fee \$50.00

ADDITIONAL LOCATION

Additional Location \$100.00

NOTE: The City of Atlanta requires that a business license, driver’s license and permission letter be with you at all times while vending. No selling in any city parks except during authorized special events.

If there are any questions concerning the completion of these applications, please call the License and Permits Office at (404) 546-4470. Hours of operation are Monday through Friday, 9:00 a.m. to 5 p.m. For rules and regulations pertaining to mobile food units, a certified copy of the City Ordinance may be obtained from the Clerk of Council or from www.municode.com.



**CITY OF ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331**

MOBILE FOOD UNIT APPLICATION

All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly.

1. Is applicant: Sole Proprietorship Partnership Corporation

2. (A) Legal name of business: _____
(B) Operating / Trade name of business: _____
(C) Location of business: _____
City: _____ State: _____ Zip: _____

3. Type of item selling: _____
Vending location: _____
City: _____ State: _____ Zip: _____

4. Business Telephone Number(s): _____

5. Full name of Primary Vendor: _____

6. Race: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____
Eye Color: _____ Driver's License Number: _____ DL State: _____
Social Security Number: _____

Residence Address: _____

City County State Zip

Date of Birth: _____

Telephone Number: Home _____ Business _____

7. Primary Vendor business Occupation(s), Business Interest(s), and/or Employer(s) for the past ten (5) years:

Company	Address (City & State)	Position	Interest

8. If corporation of partnership, indicate the following for all Officers, members of Board of Directors, Trustees, Trustees and Principal Stockholders; If partnership, Include all Partners: Name, Complete Address, Date of Birth, SSN, Position and Interest.

Name	Address	DOB	Social Security #	Interest

9. List any other individual(s) or Firm(s) owing any interest in or receiving any funds from the operation of the business:

10. Does Licensee/Agent, Manger or any Partner(s) or any Corporation Officer or Board member or any Principal Shareholder or Trustee have, within the past five (5) years, any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinance or Regulation? (For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea or Nolo Contendere, or Forfeiture of a bond).

Person Charged	Date	Offense	Location (Address)	Disposition

11. Describe nature and character of business. (Be specific)

12. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Mobile Food Unit? Yes No

13. Are you a citizen of the U.S.? Yes No

If No, provide INS number: _____

I _____, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Primary Mobile Food Vendor

Sworn to and subscribed before me this _____ day of _____ 20 _____.

Notary Public



CITY OF ATLANTA

Kasim Reed
Mayor

3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331
(404) 546-4470

Atlanta Police Department
George N. Turner
Chief of Police

NOTICE TO APPLICANT

Applicants submitting to vend food items within the City of Atlanta must present this form to the Fulton County Department of Health Services located at 99 Jesse Hill Jr. Drive, S. E., Atlanta, GA 30303 for review and approval before the application will be accepted.

Applicant's Name: _____

Vending Location 1: _____

Additional Vending Location 2: _____

Additional Vending Location 3: _____

Means of Vending: Rolling Store Stand Movable Food Unit

Food Type: Produce Ice Cream Pre-packaged Foods Cooked Food Other
Please List Items:

I certify that this information is correct and I agree to sell only the food items I have listed on this form.

Applicants Signature

Date

DO NOT WRITE BELOW THIS LINE – (OFFICE USE ONLY)

Permit Needed: Yes No

Risk Type: I II III

Remarks: _____

Fulton County Health and Wellness Representative

Date



CITY OF ATLANTA

**Kasim Reed
Mayor**

**3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331
(404) 546-4470**

**Atlanta Police Department
George N. Turner
Chief of Police**

NOTICE TO APPLICANT

Zoned _____ Applicants requesting to vend within the City of Atlanta must Complete and present this letter to the Bureau of Buildings Zoning Division, located at City Hall, 55 Trinity Avenue on the 3rd floor for review and approval before the application will be accepted.

Application Date: _____

TO: Zoning Inspectors

_____ proposes to vend at
Name of Applicant (Please Print)

_____ **Location of Business** _____ **City** _____ **State** _____ **Zip Code**

The applicant affirms that this location requested for approval is not a vacant lot.

Signature of Applicant

_____ **Approved Vending Location**

_____ **Disapproved Vending Location**

Signature of Inspector

Date

Private Property Permission Letter

Date: _____

To the License and Permits Office:

This is to certify I, _____, am the legal/representative of the property located at _____ and have authority to enter into an agreement with _____ and hereby grant permission for him/her to sell food/merchandise at this location for a period of _____ months, beginning _____ and ending on _____.

NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

Property Owner's Signature

Sworn to and subscribed before me this _____ day of _____ 20____.

NOTARY PUBLIC

COMMISSION EXPIRES

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:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the Atlanta Police License & Permits Unit, [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201___

NOTARY PUBLIC

My Commission Expires: