

PRIVATE PROPERTY/FLEA MARKET VENDOR INFORMATION SHEET

NOTE: THIS INFORMATION SHEET MUST ACCOMPANY APPLICATION!

Application

Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. **Applications must be signed, dated, and notarized.**

Identification

Each applicant will be required to present a current, valid state issued identification with their picture. Acceptable forms of identification will be: (a) State issued drivers license, (b) State issued ID card, (c) Military ID, or (d) Passport. Non-U.S. citizens must present a Resident Alien Card or a U.S. Social Security Card giving them permission to work in the United States.

Business License

A City of Atlanta general business license is required after obtaining a vending permit. This license can be obtained from Atlanta City Hall located at 55 Trinity Avenue. Call 404-330-6270 for additional information.

***NOTE: No existing business license for any other business may be used.**

Zoning Letter

This letter must be completed and presented to the Bureau of Building, Zoning Division located at City Hall, 55 Trinity Avenue, 3rd floor for review and approval before application can be accepted and processed.

Federal Tax ID Number

A hard copy of the applicants Federal Tax ID Number is required if the applicant has or plans to employ individuals to assist with vending. The Federal Tax ID Number can be obtained from the Summit building located at 401 W. Peachtree Street. A Federal Tax ID Number application stamped "Received" must be presented as proof that the applicant applied for a Federal Tax ID Number. The Employer ID Number (EIN) can be obtained by visiting: [http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-\(EINs\)](http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/Employer-ID-Numbers-(EINs))

State Retail ID Number

The State Department of Revenue requires all businesses to obtain a state identification number. This number can be obtained at the Georgia Department of Revenue located at 1800 Century center Blvd. N.E. or by visiting: <https://etax.dor.ga.gov/> Applications for the State Retail ID Number can be faxed to (404)-417-6629. A hardcopy of the State Retail ID Number is required. For more information dial 1-877-423-6711.

Health Permit

This form must be presented to the Fulton County Health Department located at 99 Jesse Hill Jr. Drive S.E. for review and approval.

Valid Permission Letter

Applicants must submit a **valid, notarized** permission letter. This must be completed and taken to Zoning; Atlanta City Hall located at 55 Trinity Avenue (404-330-6000) Zoning will not approve the location without a completed permission letter.

***NOTE: The permission letter in only valid for one year.**

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.

Assistant Vendors

Must complete an Assistant Vendor application and pay required fees.

Recorded Materials

An original signed letter from the recording owners authorizing the sale of recorded materials is required if the vendor wishes to sell any type of copy written recorded materials whether in whole or a part of the reproduction.

Site Plan

A visual depiction of the vending site displaying the following: (a) Exact location of the vending operation on the property, (b) Length, width, and height of the vending stand, (c) Location of all on-site parking spaces which serves the property, (d) Location of any power sources which will be used. The site plan will be filed along with each application.

Property Inspection

Upon approval of the vending permit, a vending officer will inspect the vending location. To make an appointment to have an vending officer inspect the vending location call the License & Permits Office at 404-546-4470.

Fees/Renewal 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.

Primary Vendor

Fingerprint: \$20.00
Application: \$50.00
Merchandise: \$75.00
Food : \$75.00
Combination: \$125.00

Flea Market Vendor

Application: \$50.00
Fingerprint: \$20.00
Flea Market : \$50.00

Assistant Vendor

Application: \$50.00
Fingerprint: \$20.00
Merchandise: \$15.00

Your business license, vending permit, and property permission letter must be in your possession while vending. For rules and regulations pertaining to Private Property Vending, a certified copy of the City Ordinance can be obtained from the Clerk of Council located at 55 Trinity Avenue, 3rd floor (404-330-6032).

The aforementioned instructions have been explained to me and I understand the requirements to obtain a Private Property Vendor permit.

Signature

Date

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. Business Name: _____

General Business License Number: _____

State Retail Number: _____ Federal Tax Number: _____

List of items or services to be sold:

Recorded Materials: _____ Issued Date: _____ Expiration Date _____

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: _____ DATE RECEIVED: _____

APPLICATION STATUS: APPROVED DENIED DATE: _____

PLEASE READ CAREFULLY

I, _____, BEING DULY SWORN ACCORDING TO LAW, SO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE AND NO FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN. I HEREBY AUTHORIZE THE ATLANTA POLICE DEPARTMENT, LICENSE AND PERMITS UNIT TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY. I ALSO STATE THAT I CAN ACCESS WEBSITE WWW.ATLANTAGA.GOV OR GO TO ATLANTA CITY HALL, 55 TRINITY AVENUE TO PICK UP A COPY OF THE CITY ORDINANCE GOVERNING PRIVATE PROPERTY VENDING. IN ADDITION, I FULLY UNDERSTAND THE PROCEDURE FOR OBTAINING AND MAINTAINING A VENDORS PERMIT WHICH HAS BEEN EXPLAINED TO ME.

APPLICANT'S SIGNATURE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____,
20_____.

NOTARY PUBLIC

COMMISSION EXPIRES



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

Food Type: [] Produce [] Ice Cream [] Pre-packaged Foods [] Cooked Food [] Other

Please List Items:

Table with 3 columns and 3 rows for listing 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

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



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

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: