PRIVATE PROPERTY/FLEA MARKET VENDOR 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 a valid/current state issued picture identification. 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 vendor's permit.
State Tax ID number (NO EMPLOYEES)	Georgia Department of Revenue requires all business to obtain a state identification number. Applications for the state retail ID number can be faxed to <u>404-417-6629</u> . A hardcopy of the state retail ID number is required. Georgia Department of Revenue is located at 1800 Century Blvd N. E. The website is <u>http://etax.dor.ga.gov</u> . For more information call <u>1-877-423-6711.</u>
Federal Tax ID Number	
(EMPLOYEES)	A hard copy of the applicant's federal tax ID number is required if applicant employs individuals to assist with vending. The federal tax ID number can be obtained at the Summit building which is located at 401 W. Peachtree Street. Federal tax ID number application stamped "Received" can be used as proof that applicant applied for a federal tax ID number. The employer ID number (EIN) can be obtained at http://www.irs.gov/businesses/small-businesses-&-self- employed/employer-ID-numbers-(EINs).
Health Permit	Applicants must provide a Food Health Certificate 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 Buildings, Zoning Division located at City Hall. Zoning form must be signed & dated by inspector.

Site Plan	Applicants must provide a visual depiction of the exact vending location showing the length, width, and height of the vending stand. Location of all on-site parking spaces which serves as the property. Location of any power sources which will be used. SAP is obtained at the Planning Division located at City Hall, 55 Trinity Ave.			
Valid Permission Letter	Applicants must submit a valid, notarized permission letter for the location in which he/she is vending. This form must be signed by the property owner authorizing their property for vending.			
Reference Letters	with applicati <u>ink</u> . Letters m		nust be typed o e the <u>name</u> , <u>ad</u> e	submitted or <u>written in black</u> <u>dress</u> and <u>telephone</u>
Recorded Material	authorizing th vendor wants		ded materials is e of copy writte	s required if the en recorded materials
Assistant Vendors	Must complet required fees.	e an assistant v	endor applicat	ion and pay
Property Inspection	will inspect th	er to inspect the	tion. To make a	nding officer an appointment for he License & Permits
Fees	check or mon	ey order. All ap e on separate n	oplication fees	e form of a cashier's are non-refundable. ashier's checks in the
	PRIMARY V Application Fingerprint	\$50.00 \$20.00	Permit Application	<u>KET VENDOR</u> \$50.00 \$50.00
	Merchandise Food Combination	\$75.00 \$75.00 \$125.00	Fingerprint	\$20.00
	ASSISTANT			
	Application	\$50.00		
	Fingerprint	\$20.00		
	Permit	\$15.00		

NOTE: The City of Atlanta requires that a business license, vendor's permit, and health certificate 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 2:30 p.m. For rules and regulations pertaining to private property vending a certified copy of the City Ordinance may be obtained from the Clerk of Council or from www.municode.com.

The aforementioned instructions have been explained to me and I understand the requirements to obtain a private property vendor permit.

SIGNATURE

DATE



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

APPLICATION FOR PRIVATE PROPERTY/FLEA MARKET VENDING

Vending Type:
Primary
Assistant
Merchandise
Food
Combination

1.	Vending Location:			
2.	Full Name: Last	First	N	ſiddle
3.	Driver License Number:	DL State	Race:	Sex:
	Height: Weight	Hair Color	Eye Col	or
	Social Security Number:			
	United States Citizen: Yes	□ No INS Number:		
	Place of Birth:			
	City		State	
	Telephone Number: Home	Cellular		

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

1	
2	
3	
4	
5	

5. 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:				
N	DISPOSITION	OFFENSE	YEAR		

If YES, provide information below:

6. Business Name:

General Business License Number:

State Retail Number:	Federal Tax Number:
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List of items or services to be sold:

xpiration Date:	F	Issued Date:	ed Materials:	

OFFICAL USE ONLY			
INVESTIGATOR / INSPECTOR: DATE RECEIVED:			
APPLICATION STATUS: APPROVED DENIED DATE:			

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 Vendor

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

Notary Public



CITY OF ATLANTA 3493 Donald Lee Hollowell Parkway Atlanta, Georgia 30331 404-546-4470

Atlanta Police Department Chief Erika Shields

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 10 Park Place South SE, Atlanta, Georgia 30303 for review and approval before the application will be accepted.

Applicant's Name:			
Vending Location:			
Additional Vending Location 2:			
Additional Vending Location 3:			
Means of Vending: Rolling Sto	ore 🗆 Stand		
Food Type:	ream 🛛 Pre-packaged Fo	ods 🛛 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.

Applicant's Signature

Keisha Lance-Bottoms

Mayor

DO NOT WRITE BELOW THIS LINE – (OFFICE USE ONLY) Permit Needed: Yes No Risk Type: I I II III

Remarks:

Fulton County Health and Wellness Representative

Date



Keisha Lance-Bottoms Mayor CITY OF ATLANTA 3493 Donald Lee Hollowell Parkway Atlanta, Georgia 30331 404-546-4470

Atlanta Police Department Chief Erika Shields

proposes to vend at

Zip Code

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.

City

Application Date: _____

TO: Zoning Inspectors

Name of Applicant (Please Print)

Location of Business

This applicant affirms that this location requested for approval <u>is not a vacant lot</u>.

Signature of Applicant

State

____ Approved Vending Location

____ Disapproved Vending Location

Signature of Inspector

PLEASE READ CAREFULLY

APPLICANT'S SIGNATURE

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

NOTARY PUBLIC

COMMISSION EXPIRES