

| OFFICE OF REVENUE USE ONLY | |
|----------------------------|--|
| PERMIT #: | |

APPLICATION FOR PUBLIC VENDING PERMIT – CART OR MOTOR VEHICLE

Application is hereby made for a revocable permit to vend in within the City of Atlanta in accordance with [Chapter 30, Article XXIII \(23\)](#) of the Code of the City of Atlanta.

Email completed application and all required materials to publicvending@atlantaga.gov

For more information on the public vending program, visit atlantaga.gov/vending

| Cart/Motor Vehicle Applicant Information: | | | | |
|---|--|----------|--|---|
| Applicant Name: | | | | |
| Applicant Address: | | | | <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW |
| Applicant City: | | State: | | Zip: <input type="text"/> |
| Applicant Email: | | Phone: | | |
| Permit requested: | <input type="checkbox"/> Cart <input type="checkbox"/> Motor Vehicle | | | |
| Have you previously held a City Public Right-of-Way Vending Permit? | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please list address of prior vending location: | | | | <input type="checkbox"/> NE <input type="checkbox"/> NW <input type="checkbox"/> SE <input type="checkbox"/> SW |
| Business License #: | | SSN/EIN: | | |
| Sales Tax #: | | | | |
| Goods/Services Sold: | | | | |
| Proposed vending times: | | | | |

_____ By initialing here, I am certifying that I have read the City of Atlanta requirements pertaining to vending site and design and confirm that my business will adhere to such requirements at all times.

_____ By initialing here, I am certifying that I have read the City of Atlanta requirements pertaining to point-of-sale systems and confirm that my vending business will employ such a system at all times.

| Awarded Location: (for carts only) | |
|------------------------------------|--|
| Location #: | |
| Address: | |

I shall indemnify and hold the City of Atlanta, its officers, agents and employees, free and harmless from any claims for damages to persons or property including legal fees and costs of defending any actions or suits thereon, including any appeals there from, which may be brought by third parties as a result of my activities which have been authorized by this permit.

_____ Applicant Name (Print) _____ Applicant Signature _____ Date:

| FOR CITY STAFF USE – DO NOT COMPLETE | | |
|--|----------------------------|--|
| <input type="checkbox"/> Applicant name and current address | Permit #: | |
| <input type="checkbox"/> Social security number | Permit Fee Receipt #: | |
| <input type="checkbox"/> GDOR retail ID # (Sales Tax) | Business License #: | |
| <input type="checkbox"/> State Issued Picture ID | Application Fee Receipt #: | |
| <input type="checkbox"/> Applicant previous addresses within last five years | APD Background Check: | |
| <input type="checkbox"/> Exact times vendor intends to vend | Finger Printing: | |



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| | | |
|--|---|--|
| <input type="checkbox"/> General description of items for sale | County Health License #: | |
| <input type="checkbox"/> Valid vending location pursuant to Sec. 30-1427 | <input type="checkbox"/> Fire Inspection (if food cart) | |
| <input type="checkbox"/> Proof of licensing agreement (if selling branded merch) | <input type="checkbox"/> Health Inspection (if food cart) | |

