OFFICE OF REVENUE USE ONLY	
PERMIT #:	

APPLICATION FOR FOOD TRUCK VENDOR PERMIT

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.

Applicant Information:					
Applicant Name:					
Applicant Address:				☐ NE ☐ NW ☐ SE ☐ SW	
Applicant City:		State:		Zip:	
Applicant Email:		Phone:			
Have you previously held a City Public Right-of-Way Vending Permit?				☐ Yes ☐ No	
If yes, please list address of prior vending location:				☐ NE ☐ NW ☐ SE ☐ SW	
Business License #:					
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 and kiosks only)	
Please indicate requested public locations where you will be vending from your food truck (e.g. Government Walk Zone)	1.
	2.
	3.
	4.

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		
☐ Applicant name and current address	Permit #:	
☐ Social security number	Permit Fee Recipt #:	
☐ GDOR retail ID # (Sales Tax)	Business License #:	
☐ State Issued Picture ID	Application Fee Receipt #:	
☐ Applicant previous addresses within last five years	APD Background Check:	
☐ Exact times vendor intends to vend	Finger Printing:	
☐ General description of items for sale	County Health License #:	
☐ Photo of motor vehicle and copy of vehicle insurance		