CITY OF GAINESVILLE, GEORGIA

REGULATORY LICENSE-TEMPORARY MOBILE VENDOR APPLICATION

FOR OFFICE USE ONLY:

ACCOUNT #:_____ SIC CODE:_____ RATE CODE:_____

BUSINESS NAME:_____

MAILING ADDRESS:_____

AGENT/REPRESENTATIVE FOR BUSINESS AFFAIRS IN THE CITY:

_____ PHONE: _____

EMAIL ADDRESS: _____

***OWNER* NAME:_____**

ADDRESS:_____

DOMINANT LINE OF BUSINESS:_____

DATE AND TIME OF EVENT: _____

LOCATION OF EVENT: _____

TEMPORARY/MOBILE VENDOR $15.00 PER DAY _____
(Total Amount Due)

PLEASE NOTE:
If you are a mobile food business then a copy of your last food inspection is required.

If your business is located outside the City of Gainesville, a copy of a business occupational tax certificate (formerly known as a business license) is required.

I UNDERSTAND THAT THIS PERMIT WILL NOT AUTHORIZE ME TO VIOLATE ANY LOCAL ORDINANCE, STATE OR FEDERAL LAW. I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

_____	_____	_____
SIGNATURE	***TITLE***	***DATE***

✓ **PLEASE MAKE CHECK PAYABLE TO:**

CITY OF GAINESVILLE
FINANCIAL SERVICES
P.O. BOX 2496
GAINESVILLE, GEORGIA 30503