



**PEDDLER, SOLICITOR, TRANSIENT MERCHANT & MOBILE VENDOR TEMPORARY PERMIT**

City of Elberton  
203 Elberton Street  
Elberton, Georgia 30635  
706-213-3000

PERMIT NUMBER \_\_\_\_\_

Permit applications must be submitted at least **14 days** prior to your intended business start date in the City of Elberton. Please ensure all requested information is complete and accurate. This application is governed by the rules and regulations established in the City of Elberton Code.

**Type of Application applying for:** \_\_\_ 30 days (\$30) \_\_\_ 90 days (\$90) \_\_\_ non-profit (\$15)  
*Copy of Organizations Articles of Incorporation stating NON-PROFIT status, must be attached.*

**Applicant Information:**

Name(s): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ (attach copy to form)

Length of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

List addresses for the past 3 years: \_\_\_\_\_

\_\_\_\_\_

**Business Information:**

Name of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ List employers for the past 3 years, if different: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Product Information (For food service or sales, see Environmental Health section):**

Description of products to be sold or distributed: \_\_\_\_\_

Location where products will be sold. List ALL if more than one. Written permission from each property owner MUST accompany this application:

\_\_\_\_\_

\_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Start Time: \_\_\_\_\_

Requested End Date: \_\_\_\_\_ End Time: \_\_\_\_\_

Days of the week you plan to conduct business (check all that apply): \_\_\_\_\_ Sunday  
\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday

Phone # you can be reached at during the time above: \_\_\_\_\_

**Environmental Health (Non-Profit Temporary Events are exempt):** *Copy of required permit must be attached to this form for processing.*

\_\_\_\_\_ Prepackaged foods (meats, ice cream, sandwiches, etc.) requires permit from the USDA (U.S. Dept of Agriculture)

\_\_\_\_\_ Cottage permitted foods (baked goods, cakes, preserves, dry goods, etc.) require Cottage Permit

\_\_\_\_\_ Temporary food vendors (hotdogs, tacos, hot snacks) require temporary food service permit from the Elbert County Health Department.

**Criminal History:**

Have you ever been convicted of any crime, misdemeanor, violation of any municipal ordinance, other than traffic violation: \_\_\_\_\_ No \_\_\_\_\_ Yes, list the offense, location and date of offense, for which convictions were had:

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Acknowledgement:**

I acknowledge my responsibility for all permit conditions, applicable fees, and the quality of work performed at the specified location. I have reviewed and accepted the City of Elberton fee schedule and certify that all information submitted is true and accurate to the best of my knowledge.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SAVE AFFIDAVIT

**Affidavit Verifying Status for Public Benefit**

Pursuant to O.C.G.A. 50-36-1(E)(2)

By executing this affidavit under oath, as an applicant for a license, permit or other public benefit as referenced in O.C.G.A. 50-36-1, from the City of Elberton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Select one:

\_\_\_\_\_ I am a United States citizen.

\_\_\_\_\_ I am a legal permanent resident of the United States or otherwise 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: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Print Name of Applicant

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

[SEAL]

\_\_\_\_\_  
NOTARY PUBLIC