INSTRUCTIONS FOR APPLYING FOR A CITY OF MILLEDGEVILLE TRANSIENT VENDOR LICENSE

PLEASE READ PRIOR TO COMPLETING THE APPLICATION!

We are pleased to assist you in any way possible in your new business venture and are happy you have chosen Milledgeville as the location for your business. A City of Milledgeville Transient Vendors License is exactly what its name implies, a city-executed document which indicates that the applicant has met all requirements to conduct business at a specific location within the city limits. It does NOT indicate the quality or quantity of services provided by said business. Our City Code provides for an occupation tax to be paid by each business which operates within the city limits of Milledgeville. **REMEMBER, YOUR LICENSE IS TO BE DISPLAYED FOR PUBLIC VIEW AT ALL TIMES**.

THE APPLICATION

- Items which must accompany all applications are as follows: **(incomplete applications will increase the processing time)**
- Completed Application - PLEASE COMPLETE ALL AREAS
- Picture ID
- Evidence of SS# OR Tax ID#
- Written Permission from the Property Owner
- A copy of Any Current Licenses You May Hold in Other States or Cities
- Proof of Liability Insurance
- Proof of Surety Bond (if Applicable)
- (2) Completed, Signed, Notarized Citizenship Affidavits (Required)
- **E-VERIFY** - If you have an E-Verify Number, PLEASE INCLUDE THAT NUMBER ON THE APPLICATION. If you do not have an E-Verify number or do not know whether your business requires one, you may obtain additional information by going to e-verify.gov. The Department of Homeland Security requires that these numbers be kept on file and reported to them annually. (If you do not own the property on which you are seeking to do business, then permission by the property owner must be provided in the form of a signed/dated lease.)

- Occupation Tax licenses are approved and issued **based on location**. Existing licenses cannot be transferred from one location to another or from one entity to another. Each application must be approved by Planning and Zoning. Once the application is complete and all required items are secured, proceed to the Planning & Zoning Department which is located adjacent to City Hall, on the 3rd floor of the Economic Development Building, 105 E Hancock St, Milledgeville, GA 31061. Zoning related issues may be discussed regarding your business and applications are usually approved at this point but occasionally zoning approvals require more time and an inspection of the site may be required. Please allow 1— 2 days for processing if necessary. Once zoning approval is secured, proceed to the Business Office, located next door in City Hall, ground floor, with application and required documentation.

TRANSIENT VENDORS

- Our Code describes Transient Vendors as those who have no permanent place of business within the corporate limits of the city, and who solicit, take orders, peddle or sell articles, goods or merchandise of any kind, regardless of whether such activity is done from house to house, temporary stand, automobile, truck or other mode of transportation...

** PLEASE BE AWARE THAT THESE LICENSES ARE LOCATION AND DATE SPECIFIC AND ARE ONLY VALID AT THE LOCATION SPECIFIED AND DURING THE DATES SPECIFIED IN THE APPLICATION. THEY WILL TAKE EFFECT UPON THE SPECIFIED DATE THE EVENT STARTS AND WILL EXPIRE UPON THE SPECIFIED DATE THE EVENT ENDS. **

Please contact this office so that we may discuss your specific requirements, based on your particular situation. The cost for a transient vendor license is $100 per day plus a $50 administrative fee.

We do realize that the requisite red tape/paperwork which goes along with most any type of application or licensing process can be daunting. It is our job to make that task less stressful! Just call us or email us and we will be glad to help.

Sierra Ellington
License Clerk
sellington@milledgevillega.us
Office: (478) 414-4020
Fax: (478) 414-4011
Mailing address: P.O. Box 1900, Milledgeville, GA 31059
Physical address: 119 E. Hancock Street, Milledgeville, GA 31061

TRANSIENT VENDOR APPLICATION
CITY OF MILLEDGEVILLE OCCUPATION TAX LICENSE

PLEASE COMPLETE ALL FIELDS

_____ (___)_____

NAME OF BUSINESS (*Corporate Name and dba Trade Name, if applicable*) BUSINESS PHONE

_____

LOCATION OF OPERATION IN MILLEDGEVILLE

_____

BUSINESS MAILING ADDRESS

_____

BUSINESS OWNER(S) (*Include Names, Addresses & Telephones— other than business phone*)

_____ _____

EMAIL ADDRESS E-VERIFY NUMBER

_____

PROPERTY OWNER (*Name, Address & Telephone*) WRITTEN PERMISSION WILL BE REQUIRED

DESCRIBE IN DETAIL THE DOMINANT ACTIVITY OF THE BUSINESS INCLUDE DATES & TIMES OF OPERATION:

_____

_____

_____ / _____

STATE SALES TAX NUMBER TAX IDENTIFICATION NUMBER

CERTIFICATION: I, herewith, register and apply to operate said business within the city limits of Milledgeville, Georgia, and I further certify that the information I have provided in this application is true and correct, to the best of my knowledge. I further certify that I have read and understand the accompanying instructions.

_____ _____

DATE SIGNATURE OF APPLICANT

---------- **PLEASE DO NOT WRITE BELOW THIS LINE** ----------

( ) PICTURE IDENTIFICATION

( ) SIGNED/DATED LEASE

( ) FD APPROVAL ( ) INSP FEE

( ) COI

( ) CODE ENFORCEMENT APPROVAL

( ) PROOF OF TAX ID

Date Received in Office _____

Prepared by _____

Tax Class _____

( ) STATE DISTRIBUTORS LICENSE

( ) TWO (2) COMPLETED AFFIDAVITS

( ) OTHER

License # _____

Receipt # _____

Administrative Fee $ _____

License Fee $ _____

TOTAL DUE $ _____

CODE ENFORCEMENT APPROVAL / COMMENTS:

_____ / _____ / _____

Attachment "A"

Affidavit Verifying Status for City of Milledgeville Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Milledgeville, Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G,A., Section 50-36-1, I am stating the following with respect to my application for the (check one):

_____ City of Milledgeville Business Occupation Tax Certificate
_____ Alcohol License
_____ Taxi Permit

If person is applying on behalf of a business, specify the NAME AND ADDRESS of the business:

_____

I agree to provide at least one secure and verifiable identification document as required of every applicant for a public benefit under O.C.G.A 50-36-1. Such documents are defined by O.C.G.A. 50-36-2 and made available on the State Attorney General's website.

1. _____ I am a United States citizen

OR

2. _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present In the United States. *

If #2 is selected above, a copy of one of the following documents must be attached to the Affidavit.:

1. Unexpired foreign passport
2. Employment Authorization Card (1-766)
3. Refugee Travel Document (1-571)
4. Permanent Resident Card (1-551)
5. Reentry Permit (1-327)
6. Certificate of Citizenship
7. Naturalization Certificate
8. Machine Readable Immigrant Visa (w/Temp I-551 lang)
9. Temporary I-551 Stamp (on passport or I-94)
10. I-94 (Arrival/Departure Record) in unexpired foreign passport
11. Certificate of Eligibility for Nonimmigrant (F-1) Student Status(I-20)
12. Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)

I am 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 Code Section 16-10-20 of the Official Code of Georgia.

Company _____ _____
Signature of Applicant Date

Address _____ _____
Printed Name

THIS FORM MUST BE NOTARIZED *_____
Alien Registration number for non-citizens

Sworn and Subscribed before me on this the ____ day of _____, 20_____.

_____
Notary Public
My Commission Expires: _____

*Note: O.C.G.A. 5-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included In the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another Identifying number below: _____

Attachment “B”

APPLICANTS AND RENEWALS FOR OCCUPATIONAL LICENSES AS OF JULY 1 (CURRENT YEAR)

Private Employer Affidavit Pursuant to O.C.G.A. 36-60-6(d)

By executing this affidavit under oath, as an applicant for an occupational tax license (*business license, occupational tax certificate, or other document required to operate a business*) as referenced in O.C.G.A. 36-606(d), from the City of Milledgeville, the undersigned applicant representing the private employer known as _____(*printed name of business/private employer*) verifies one of the following with respect to my application for the above-mentioned document:

→ **Complete this section (effective as of July 1, current year). Check (A) or (B). Required.**

(A) _____ On July 1st of the below signed year the individual, firm or corporation employed ***more than ten (10) employees.***

(B) _____ On July 1st of the below signed year the individual, firm or corporation employed ***fewer than ten (10) employees.***

COMPLETE THIS SECTION IF, AND ONLY IF, YOU CHECKED ITEM (A) ABOVE

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

_____ _____

Federal Work Authorization User Identification Number Date of Authorization

ALL APPLICANTS MUST SIGN BELOW, HAVE NOTARIZED, AND RETURN WITH YOUR APPLICATION OR PAYMENT TO OBTAIN AN OCCUPATION TAX LICENSE.

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 allowed by such statute.

Executed on the _____ day of _____, 20___ in _____(city), ____(state).

→_____ →**PRINT LOCAL BUSINESS NAME HERE:**

Signature of Authorized Officer or Agent

_____

_____ →**PRINT LOCAL BUSINESS ADDRESS HERE:**

Print Name and Title of Authorized Officer or Agent

_____

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

_____

Notary Public

My Commission Expires: _____

TRANSIENT VENDOR APPROVAL

NAME OF BUSINESS _____

OWNER _____

PERMANENT BUSINESS ADDRESS _____
_____ PHONE (____) _____

DESCRIPTION OF BUSINESS _____

LOCATION / DATES OF BUSINESS ACTIVITY _____

_____

WRITTEN / SIGNED PROPERTY OWNER'S PERMISSION OBTAINED / ATTACHED? Y___ N___

WILL A TENT BE UTILIZED? Y___ N___ FLAMEPROOFING CERTIFICATE ATTACHED Y___ N___

INSURANCE CERTIFICATE? Y___ N ___ NON-PROFIT ORGANIZATION? (Need IRS Doc) Y___ N___

DATE _____ SIGNATURE OF APPLICANT _____

(office use only)

Police Department

I have received notification of application and ___Approve ___ Disapprove (Ck ___ if email is att)

Comments _____

Date _____ Chief or Designee _____

++

Fire Department

I have received notification of application and ___Approve ___ Disapprove (Ck ___ if email is att)

Comments _____

Date _____ Chief or Designee _____

++

Zoning/Code Enforcement

I have received notification of application and ___Approve ___ Disapprove (Ck ___ if email is att)

Comments _____

Date _____ Authorized Signature _____

++

Licensing

I have notified all parties and have secured all fees and documentation necessary for presentation to City Manager for approval. Email approvals are attached.

Receipt # _____ License # _____

Comments _____

Date _____ Licensing Manager _____

++

PURSUANT TO INFORMATION PROVIDED, THIS LICENSE IS

___ Approved ___ Disapproved Comments _____

Date _____ City Manager _____

Milledgeville Police Department

Business Information Request

This form is requested by the Milledgeville Police Department to maintain up-to-date information on file for businesses located within the city limits of Milledgeville, GA. The information provided will help us better serve your business during normal response and emergency response situations. Please return this form to the Milledgeville Police Department, located at 125 Floyd L Griffin Jr Street Milledgeville, GA 31061, upon completion.

Business Name:

Alarm Company Name (If Applicable):

Business License Number:

Primary Alarm Company Contact (If Applicable):

Business Address:

Emergency Contact Name:

Primary Store Phone Number:

Emergency Contact Phone Number:

Store Owner Name:

Surveillance System Name (If Applicable):

Store Owner Phone Number:

Number of Cameras (If Applicable):

Is Alcohol Served?

◯ Yes ◯ No

Normal Days/Hours of Operation:

☐ **Monday:** e.g., 9:00 AM - 5:00 PM

☐ **Tuesday:** e.g., 9:00 AM - 5:00 PM

☐ **Wednesday:** e.g., 9:00 AM - 5:00 PM

☐ **Thursday:** e.g., 9:00 AM - 5:00 PM

☐ **Friday:** e.g., 9:00 AM - 5:00 PM

☐ **Saturday:** e.g., 9:00 AM - 5:00 PM

☐ **Sunday:** e.g., 9:00 AM - 5:00 PM

Other Information: