# Food Truck Permit Application

**Application fee of $150.00 is non-refundable.**

**The City of Hiram requires a minimum of 10 business days to review, verify, and issue your permit.**

To operate your business in The City of Hiram, you must obtain a valid occupation tax certificate from a municipality or county in Georgia. If you do not possess this certificate, we will impose an occupation tax, which will require you to provide additional documentation for processing.

- ☐ Application **(Please Note: The "applicant" is the responsible party for completing and submitting the application).**
- ☐ SAVE Affidavit
- ☐ Copy of the applicant's government issued ID
- ☐ E-VERIFY Affidavit
- ☐ Titleholder document **(Please note: the "titleholder" is the property owner)**
- ☐ Color photo of food truck
- ☐ Copy of the mobile food unit certificate from the Department of Public Health
- ☐ Sketch illustrating access to the site, all parking area, routes for ingress and egress, placement of the mobile food unit. Showing distance & garbage receptacles
- ☐ Tent(s) larger than 10'x10' may require permitting from the Paulding Building Department 770-443-7571
- ☐ Proof of liability insurance including $1,000,000.00combined limit product liability and property damage, showing the City of Hiram as additional insured.

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- Signs may require additional permitting from the City of Hiram-770-943-3726 ext.2004
- Permit must be posted in an inconspicuous location on-site.
- Permit is valid for a maximum of 60-days.
- Each location of the food vendor must be permitted separately.
- No sale or offer for sale shall be made by any mobile food vendor between 10:00pm and 7:00am.
- No business transaction and/or solicitation shall occur within 15 feet of any street, alley, road or highway.
- It is the applicant's responsibility to be to be knowledge of all Federal, State and local regulations for the activity

| _____ | _____ | _____ |
|---|---|---|
| Applicants Signature | Applicants Name Printed | Date |

**PLEASE PRINT ALL INFORMATION LEGIBLY: FORMS MUST BE NOTARIZED**

Applicant's Name (Responsible Party):_____

Address:_____City:_____State: _____Zip:_____

Phone: _____

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Business/Food Truck Name:_____

Business Address: _____

Business Phone: _____ Email Address: _____

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Name of Commissary: _____

Address of Commissary: _____

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Location of Property where sale is to be conducted: _____

Will there be any condiment tables? _____ YES _____ NO If yes, how many? _____

Will there be seating tables? _____ YES _____ NO If yes, How many? _____

Will there be any tents at this location? _____ YES _____ NO If yes, how many? _____

What size? _____ (Tents 10'x10" or greater require inspection)

Type of food being sold: _____

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Requested Start Date: _____ Time: _____ a.m. /p.m.

Requested End Date: _____Time:_____ a.m. /p.m.

Food Truck Make: _____ Food Truck Model: _____

Year: _____ Color: _____ Tag Number: _____

_____ _____ _____

Applicants Signature Applicants Name Printed Date

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***State of Georgia, County of Paulding.***

***SUBSCRIBED AND SWORN BEFORE ME THIS_____ DAYOF _____ 20_____***

_____

***Notary Public Signature & Seal***

# TITLEHOLDER AFFIDAVIT

MUST BE COMPLETED BY TITLE HOLDER

Name of Titleholder Company: _____

Contact Person of Titleholder Company: _____

Address: _____ City: _____ State: _____ Zip: _____

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Description of Activity: _____

_____

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I, as the Titleholder, hereby grant permission for the above-referenced activity on my property. I understand that the applicant may only be issued one permit in six months for a maximum of sixty days per permit.

Titleholder Signature_____ Date: _____

Printed Name of Titleholder _____

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***State of Georgia, County of Paulding.***

***SUBSCRIBED AND SWORN BEFORE ME THIS_____ DAYOF_____ 20_____***

_____

***Notary Public Signature & Seal***

# City of Hiram Verification of Lawful Presence Affidavit
# O.C.G.A. § 50-36-1(e) (2)

By executing this affidavit under oath, as an applicant for a _____
(Certificate or License)

as referenced in O.C.G.A. § 50-36-1, from **The City of Hiram, GA.** the undersigned applicant verifies one of the following with respect to application for a public benefit:

Choose One:

**1)** _____ I am a United States citizen.

**2)** _____ I am a legal permanent resident of the United States.

**3)** _____ I am 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: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____

_____

**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.**

**Executed on this _____Day of _____, 20_____in (City) _____, (State) _____**

_____
**Signature of Applicant**

_____
**Printed Name of Applicant**

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SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE & SEAL

# City of Hiram Private Employer Affidavit
## Pursuant to O.C.G.A § 36-60-6(d)

**NAME OF PRIVATE BUSINESS/EMPLOYER** _____

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one**

**A .** _____ On January 1st of the below-signed year, the individual, firm or corporation employed **MORE than ten (10) employees[1].**

***If you selected Section 1(A), please COMPLETE Section 2 and then execute below***

**B .** _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or LESS employees.**

**Section 2.**

**If you selected Section 1(A), complete this section**
**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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

_____ _____
**E-Verify # (Federal Work Authorization Identification Number)** **Date of Authorization**

**I hereby declare under penalty of perjury that the foregoing is true and correct.**

**Executed on this _____Day of _____, 20_____in (City) _____, (State) _____**

_____
**Signature of Applicant or Responsible Person**

_____
**Printed Name and Title of Applicant or Responsible Person**

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE & SEAL

[1] *To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.*