

**City of Vidalia, Georgia**

**OT**

**Application For Trancient Merchant/Peddler License**

Occupational  
Tax

License is valid for 14 Business Days Only

\*\* APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL \*\*  
PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN

	New	Renewal	Change of Address
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**Applicants Name :**

**Permanent Address:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **SS# or FEI #:** \_\_\_\_\_

**Business Location Address :** \_\_\_\_\_  
Street City State Zip

**Telephone :** (\_\_\_\_) \_\_\_\_\_  
Area Code

**Business Mailing Address:** \_\_\_\_\_  
Street City State Zip

**Georgia Sales Tax or Authorization Number:** \_\_\_\_\_

**Please list and describe the type of product that will be offered by your business.**

**Dates Merchant wishes to Operate:** \_\_\_\_\_ **Name of Agent Conducting Business:** \_\_\_\_\_

**Name, Address and Tag number of all Employees that will work in Vidalia: ( Use Separate Sheet if Necessary)**

**Emergency Contact for Police - Please provide two after hours contacts by order of choice.**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Have you been licensed in this city prior to this year in another business name? \_\_\_\_\_  
 If yes, In what name? \_\_\_\_\_ What year? \_\_\_\_\_ YES NO

**Owner Information**

**Name :** \_\_\_\_\_  
Last First Middle

**Home Mailing Address :** \_\_\_\_\_  
Street City State Zip

**Home Street Address :** \_\_\_\_\_  
(Home) Street City State Zip

**Telephone :** (\_\_\_\_) \_\_\_\_\_ **DOB** \_\_\_\_\_ **SS# Required** \_\_\_\_\_  
Area Code

**Fee Schedule**

(not applicable for change of address)

Administrative Fee (Back Ground Check)	\$120.00
License Fee	\$100.00

**Total Amount Due** **\$220.00**

I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTIL. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL. I ALSO HAVE BEEN GIVEN A COPY OF THE MOBILE VENDING ORDINANCE, AND UNDERSTAND THAT I MUST COMPLY WITH THE MOBILE VENDING ORDINANCE.

\_\_\_\_\_  
**Owner** \_\_\_\_\_  
**Date**

**RETURN TO :**  
 City of Vidalia  
 P.O. Box 280 Vidalia, Ga. 30475-0280  
 (912) 537-7661 (Voice) (912) 537-7708 (Fax)

**FOR OFFICE USE ONLY**

DATE RECEIVED	ZONE CHECKED*	DATE ENTERED
RECEIVED BY:	CHECKED BY:	ENTERED BY:
	DATE CHECKED	CITY CLERK: