

License Year _____

City of Flemington
Application for Peddler or Transient Merchant License

Payable To:
City of Flemington
156 Old Sunbury Road
Flemington, GA 31313
Phone: (912) 877-3223

Type of License: Peddler _____ Transient Merchant _____

Name of Applicant: _____

Permanent Address: _____

City: _____ State _____ Zip _____

Telephone Number: _____ FEI Number _____

Is this a Corporation? _____ If yes, State & Date of Incorporation _____
(Attach proof of incorporation)

Date of Birth: _____ Social Security Number _____

Name of Business: _____

Permanent Address of Business: _____

City: _____ State _____ Zip _____

Name of Representative in City (If Different from Applicant): _____

Date of Birth: _____ Social Security Number _____

Home Address: _____

City: _____ State _____ Zip _____

Type of Merchandise or Service Offered: _____

Local Business Address: (attach authorization slip from owner-for transient merchant license)

Dates of Business in the City: _____ Total Days: _____

Hours of Operation: _____ Sales Tax Number or Authorization _____

Explain how your business will be conducted: _____

List Cities where Business has been conducted in the last twelve months:

Important: Please Read Carefully

The applicant hereby agrees to be bound by all of the terms and conditions of the Ordinance adopted by the City of Flemington, Georgia and any laws as may apply to the above business. I hereby agree to permit during business hours reasonable inspections as authorized by law.

THIS _____ Day of _____, 20____ _____
(Authorized Signature of Applicant)

PERSONALLY before the undersigned appeared _____
Who on Oath has sworn that the above information given therein is true and correct.

Sworn to and subscribed before me this _____ day of _____, 20 _____

STATE OF: _____ COUNTY OF: _____ CITY OF: _____

NOTARY PUBLIC SEAL

Licenses may be suspended or revoked for violation of the terms of the ordinance. No business is to operate without approval of this application for license.

License Fee Computation
Peddler/Transient Merchant
\$250.00 for 3 consecutive days and up to 3 employees

**City of Flemington
Site Authorization Form**

Site Owner Information:

Owner Name:

Owner's Representative:

Representative's Title:

Site Information:

Address:

Business Name:

Description of Area Authorized for Use (attach sketch for clarity):

Event/Activity Information:

Name of Event/Activity Sponsor:

Type of Event/Activity:

Date of Event/Activity: From: _____ To:

Hours of Event/Activity: From: _____ To:

Description of any Limitations placed on Event/Activity:

I hereby provide permission for the above named sponsor to use the site as described above.

Signature: _____

Name (printed): _____

Title: _____

Date: _____