



CITY OF ST. MARYS
Community Development Department
418 Osborne Street St Marys GA 31558
(912) 510-4032

**TEMPORARY SALES, SOLICITORS, MOBILE FOOD
TRUCKS AND VENDORS PLAN REVIEW PACKET**

- Completed Application
- Location Map
- Proof of ownership of property OR legal authorization from owner
- Written Report Indicating Potential Problems AND Parking Availability
- Liability insurance (if Carnival)
- Proof of Equipment Inspections (if Carnival)
- Bond
- Other Attachments: _____

Please note all information contained in this packet may not be applicable to your project.
Please contact planneroftheday@stmarysga.gov or call 912-510-4032 with any questions.



CITY OF ST. MARYS

COMMUNITY DEVELOPMENT

418 OSBORNE STREET

ST. MARYS, GEORGIA 31558

912-510-4032

Property Owner's Authorization Form

I (we): _____

Hereby Authorize: _____

Representative of: _____

To apply for a certificate of appropriateness, sign permit, rezone, special use permit, subdivision, building permit, and pick-up the permit for the work as indicated above.

Address & Parcel number: _____

Type of Work being performed: _____

As property owner(s), I (we) hereby grant permission to the applicant, person or business referenced above to apply for a certificate of appropriateness, sign permit, rezone, special use permit, subdivision, building, and pick-up the permit for the work as indicated above. All work performed must meet all provisions of The City of St. Marys Building and Zoning Codes and the Laws of the State of Georgia, as applicable, whether specified or not. Contractors are required to have a Georgia Professional Contractors License.

(Property Owner or Person with Power of Attorney Signature)

(Date)

(Printed Name)

(Title)

Owners Address

(Owners Phone Number)



CITY OF ST. MARYS, GEORGIA
TEMPORARY SALES, SOLICITORS, MOBILE FOOD
TRUCKS AND VENDORS PLAN REVIEW PACKET

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SECTION 22, ARTICLE VI OF THE CITY OF ST. MARYS CODE OF ORDINANCES REGULATES MOBILE FOOD TRUCKS, VENDORS AND TEMPORARY SALES/SOLICITORS WITHIN THE CITY OF ST. MARYS. THIS PACKET HAS BEEN PROVIDED TO ASSIST YOU WITH YOUR APPLICATION TO OPERATE A MOBILE FOOD TRUCK/VENDOR AND OR TEMPORARY SALES LICENSE.

THE PACKET CONSISTS OF THE FOLLOWING INFORMATION:

- 1) APPLICATION FOR LICENSE
- 2) APPLICANT CHECKLIST FOR MOBILE FOOD TRUCKS/VENDORS
- 3) MOBILE FOOD TRUCK/VENDOR UNIT ITINERARY AND OPERATING SCHEDULE
- 4) VENDING ZONE MAP

ALL PERMITS WILL BE ISSUED FOR ONE CALENDAR YEAR AND EXCLUDING ALL OFFICIAL CITY OF ST. MARYS FESTIVAL DAYS: INCLUDING, BUT NOT LIMITED TO MARDI GRAS, FOURTH OF JULY, ROCK SHRIP AND WOUNDED WARRIOR DAYS **AND COMMUNITY MARKET DAYS**. PARTIAL YEAR PERMITS SHALL BE PRORATED BY MONTH, WITH NO GUARANTEED FUTURE RENEWAL OF ANY LICENSE, OR ANY GUARANTEE OF CONTINUANCE OF THIS AGREEMENT BEYOND ONE CALENDAR YEAR. NO PERMIT ISSUED UNDER THIS ARTICLE MAY BE PRORATED, TRANSFERRED, OR ASSIGNED OR USED BY ANY PERSON OTHER THAN THE ONE TO WHOM IT IS ISSUED.

PLEASE COMPLETE THE ATTACHED DOCUMENTS AND SUBMIT THEM TO THE COMMUNITY DEVELOPMENT DEPARTMENT FOR REVIEW. PENDING APPLICATIONS ARE REVIEWED ONCE A WEEK BY A PERMIT REVIEW BOARD AND ARE NOT ISSUED UNTIL THE REVIEW BOARD APPROVES THE COMPLETE APPLICATION.

PERMITTED HOURS OF OPERATION FOR MOBILE FOOD TRUCKS AND VENDORS: 7:00AM TO 9:00 PM

VIOLATIONS OF THIS ARTICLE ARE SUBJECT TO THE FOLLOWING SANCTIONS, WHICH MAY NOT BE WAIVED OR REDUCED AND WHICH MAY BE COMBINED WITH ANY OTHER LEGAL REMEDY AVAILABLE TO THE CITY:

- A) FIRST VIOLATION: \$500
- B) SECOND VIOLATION WITHIN 12 MONTHS FOLLOWING FIRST VIOLATION: \$750
- C) THIRD VIOLATION WITHIN 12 MONTHS FOLLOWING THE FIRST VIOLATION: \$1,000 AND REVOCATION OF MOBILE FOOD SERVICE PERMIT.

TEMPORARY SALES/SOLICITOR'S PROHIBITED ACTS:

1. SOLICITING OR SELLING WITHIN NEIGHBORHOODS OR AT RESIDENCES POSTED AS "NO SOLICITING OR SELLING" OR ANY WORDING TO THAT EFFECT.
2. NO DOOR-TO-DOOR SOLICITING ON SUNDAYS OR BETWEEN THE HOURS OF 6:00 PM AND 10:00 AM.
3. ENTER ANY PRIVATE DWELLING WITHOUT BEING INVITED.
4. FAILING TO HAVE A COPY OF PERMIT AND SHOWING WHEN REQUESTED.
5. MAKING FALSE STATEMENTS ON ANY SOLICITOR OR TEMPORARY SALES PERMIT APPLICATION.
7. VIOLATION OF ANY AND ALL CITY, COUNTY OR STATE ORDINANCES OR LAW.



CITY OF ST. MARYS, GEORGIA
TEMPORARY SALES, SOLICITORS,
MOBILE FOOD TRUCKS AND VENDORS PERMIT

APPLICATION SUBMITTED FOR:

APPLICATION # _____

TEMPORARY SALES/SOLICITORS MOBILE FOOD TRUCK VENDORS PERMIT

NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

LIST NAME AND ADDRESS OF OWNER: _____

NAME AND ADDRESS OF OPERATORS OF MOBILE FOOD TRUCK (IF NOT OWNER): _____

PICTURE ID: _____ COPY OF COUNTY OR STATE PERMIT: _____

CURRENT OCCUPATIONAL TAX LICENSE: _____

SITE PLAN ATTACHED: _____ PRODUCT SOLD: _____

VEHICLE LICENSE AND DESCRIPTION: _____

COPY OF VEHICLE INSURANCE: _____

PERMIT FEE: _____ DATE PAID: _____

SIZE OF FOOD TRUCK OR FOOD TRAILER: _____

THE APPLICANT SHALL, IN ADVANCE, OBTAIN AN OCCUPATIONAL TAX LICENSE AND PAY THE CITY A FEE OF **\$300 PER YEAR REDUCED BY \$25 FOR ANY FULL MONTH AFTER ALREADY PASSED OF THE CALENDAR YEAR AT THE TIME OF THE ISSUANCE OF THE PERMIT**, FOR MOBILE TRUCK SALES, VENDORS AND TEMPORARY SALES/SOLICITOR'S PERMITS. NO EVENT MAY CAUSE TRAFFIC CONGESTION OR ADVERSELY AFFECT SURROUNDING AREAS.

EVENT ADDRESS: _____

TAX PARCEL OF LOCATION: _____

OWNER OF SITE: _____

OWNER ADDRESS: _____

DESCRIBE PARKING ARRANGEMENTS AND POTENTIAL TRAFFIC PROBLEMS: _____

I UNDERSTAND THAT I AND/OR THE GROUP I REPRESENT CARRY THE BURDEN OF PROVING THE NEED FOR THIS PERMIT. FURTHER, I/WE ARE RESPONSIBLE FOR THE CONDITION OF THE SITE WHILE THIS PERMIT IS IN EFFECT. TO THIS END, I/WE UNDERSTAND THAT I/WE ARE RESPONSIBLE FOR COMPLYING WITH ANY RULES, REGULATIONS OR ORDINANCES APPLYING TO TEMPORARY SALES, SOLICITING, MOBILE FOOD TRUCKS AND VENDORS AS WELL AS TRAFFIC SAFETY.

APPLICANT'S SIGNATURE: _____ DATE: _____

PRINT NAME: _____

APPROVED BY: _____
COMMUNITY DEVELOPMENT DIRECTOR/ ASST. COMMUNITY DEVELOPMENT DIRECTOR

DATE APPLICANT NOTIFIED: _____

PAYMENT AMOUNT: _____ MADE BY: CHECK _____ CHECK # _____ CASH _____ CC: _____



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ST. MARYS, GEORGIA 31558
TELEPHONE: 912-510-4032
Fax: 912-510-4014
planneroftheday@stmarysga.gov

To Whom It May Concern,

I, _____, do authorize the City of St. Marys to debit my credit/debit card for a onetime payment in the amount of \$ _____; for the sole purpose of _____.

Signature of Card Holder

REQUEST FOR CREDIT CARD PAYMENT

DATE: _____ Business License

Project Number: _____ Other _____

Total: \$ _____ + \$3.00 = Amount to be charged to Card \$ _____

Please note there will be a \$3.00 processing fee charged to your credit card

CREDIT OR DEBIT CARD INFORMATION

CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER (Please Circle One)

CARD #: _____

EXPIRATION: _____

PRINT NAME AS SHOWN ON CARD: _____

***SIGNATURE OF CARD HOLDER: _____

ALL INFORMATION WILL BE SHREDDED IMMEDIATELY AFTER AN APPROVAL CODE IS OBTAINED FOR THIS TRANSACTION.



