

MINIMUM PERMIT FEE FOR A SINGLE EVENT: \$35.00
IF APPROVED VENDOR PERMIT NUMBER _____



CITY OF LITHONIA VENDOR PERMIT

VENDOR BUSINESS/COMPANY NAME:

Vendor's Legal Name(s):

Address:

Cell Phone:

EMAIL:

Requested date of sale:

Description of products/service:

PLEASE SUBMIT A VALID FORM OF ID AND TWO (2) RECENT 2X2 INCH PHOTOS FOR YOUR APPLICATION TO BE CONSIDERED

FOOD TRUCKS REQUIRE PROOF OF LIABILITY INSURANCE FOR VEHICLES:

MINIMUM PERMIT FEE FOR A SINGLE EVENT: \$35.00
IF APPROVED VENDOR PERMIT NUMBER _____

IN DEKALB COUNTY GA, A TEMPORARY FOOD SERVICE PERMIT IS REQUIRED TO SELL FOOD THAT IS HEATED AND/OR PREPARED ON SITE. THE EVENT ORGANIZER SHOULD CONTACT THE DEKALB COUNTY BOARD OF HEALTH AT LEAST 30 DAYS PRIOR TO THE EVENT TO ENSURE ALL FORMS HAVE BEEN RECEIVED.

Rules and Regulations

For Single Events: full payment must be made with the submission of the application by 12PM, 2 business days before the event.

1. Vendors must provide their own tables and tents.
2. All displays must be visually attractive, well organized and sufficiently staffed.
3. All display items and products to be sold or distributed must fit within the contracted vending space.
4. Vendors are responsible for adequate means of safe-keeping goods and receipts.
5. Vendors are totally responsible for the safety of all accompanying staff.
6. Vendors are required to exhibit a customer friendly attitude.
7. Disassembling of booths/space must start as soon as the event ends, leaving the contracted space as it was found.
8. Vendors selling food will be expected to abide by the county health guidelines.
9. Vendors shall not transfer, assign, or sublease this Vendor Application or Vendor's rental of vendor booth space to any other party.
10. Vendor shall be responsible for Vendor's safety.
11. Limited electrical power available, safe and quiet generators are allowed.
12. All security related issues must be reported to security immediately.
13. Vendors shall indemnify, defend, and hold harmless The City Lithonia, its representatives, members, employees and volunteers from and against any and all liabilities, damages, losses, costs, or expenses resulting from a claim, suit, or proceeding made brought by Vendor or a third party against any planning committee member of the event arising out of or in any way connected with Vendor's participation in the event.
14. Please make money orders and checks payable to: **The City of Lithonia**

I, _____, the undersigned applicant, hereby certify that I have read the attached information and fully agree to abide by the rules, terms and conditions stated herein. I also agree to indemnify, defend and hold harmless, The City of Lithonia, including its officers, directors, employees, agents and /or volunteers, from any and all demands, claims or liability of any nature, caused by or arising out of the performance of this agreement.

Signature of Applicant

Date

For further information: cityclerk@lithoniacity.org
or Contact the City Clerk at (770)-482-8136 Ext. 128

MINIMUM PERMIT FEE FOR A SINGLE EVENT: \$35.00
IF APPROVED VENDOR PERMIT NUMBER _____

APPLICATION CHECK LIST

In order to receive a vendor permit in the city of Lithonia, the following documents must be submitted:

	COMPLETE AND SIGNED APPLICATION
	COMPLETE AND ACCURATE DESCRIPTION OF ALL ARTICLES TO BE SOLD
	IF APPLICABLE, PROOF OF LIABILITY INSURANCE
	TWO (2) RECENT TWO BY TWO INCH (2" X 2") PHOTOGRAPHS OF APPLICANT
	\$25.00 APPLICATION FEE

I, _____, the undersigned applicant, understand that this application is not complete until the above information is provided, all listed documents are submitted in completed form, and all fees are paid.

This application is hereby made according to the requirements of the code of ordinances city of Lithonia Georgia for a permit to vend in a specific place exhibiting wares and selling them in the designated time frame of the event organizer. I/We agree to conform to all regulating laws, ordinances, and resolutions.

Signature of Applicant

Date

CITY HALL USE ONLY:

Date payment received: _____ Date approved: _____ or disapproved: _____
By whom: _____

More information needed:

Payment by check (#) _____ Money order ___ Cash ___ Credit Card _____

Additional Notes-

