



City of Covington

OCCUPATIONAL TAX – NON-RESIDENT MOBILE FOOD VENDOR APPLICATION

Date Received: _____

Received By: _____

NAICS: 722330

Bus. No.: _____

PLEASE COMPLETE THE FOLLOWING:

I. BUSINESS INFORMATION:

Type of Business: Mobile Food Vendor Ice Cream Truck Pushcart Temporary Food Establishment

Description of Business: _____

Full Business Name: _____

Doing Business As (If Applicable): _____

Business Address: _____

Phone: _____ Email Address: _____

Name of Applicant: _____ Relation to Business: _____

Name of Owner (if different than applicant): _____

Mailing Address of Business Owner or Corporate Agent: _____

Corporate Mailing Address: _____ Phone: _____

Accountants Payable or License Contact: _____ Phone: _____

Email Address: _____ Fax: _____

What specific products or services will be offered, manufactured or produced by this business:

**Restaurants shall obtain a Food Service Permit from the Newton County Environmental Health office prior to opening for business. Please call 770-784-2121 to begin that permit process.*

Will hazardous materials be manufactured, stored or handled at this location? yes no

If yes, please describe: _____

*Federal Taxpayer Identification Number or Social Security Number: _____

*Georgia Sales and Use Tax Number (retail business only): _____

*Please check one of the following business types for this business:

Corporation LLC Sole Proprietorship Partnership



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II. LOCATION INFORMATION:

Property Owner: _____

Property Owner Mailing Address: _____

Property Owner Phone: _____ Email: _____

Tax ID #: _____ Parcel Size (Acres): _____ Zoning District: _____

Date of Event: _____ Event time: _____

Location: _____

III. APPLICANT'S CERTIFICATION:

I hereby certify that the information contained herein, including attachments and all other supporting information is completed and true, to the best of my knowledge and belief. I am at least 18 years of age and am a United States citizen or legal permanent resident OR an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act, lawfully present in the U.S.

Signature: _____

Print: _____ Date: _____

Total number of full-time equivalent employees: _____ Tax Amount Due: \$25.00

The following information shall be provided with each application for mobile food vendor, or push cart permit:

1. Name of the mobile food vendor;
2. Make, model, and license plate number of the vending unit
3. Owner's contact information;
4. Operator's contact information;
5. Type of vendor (street vending unit or sidewalk vending unit);
6. Copy of the approved permit from the county health department;
7. List of operating locations and times;
8. Signatures from property owners indicating consent of for the use of their property;
9. Signature of the applicant indicating agreement to compliance with this chapter.
10. Provide copy of passing Health Department report for commissary kitchen.

The following information shall be provided with each application for an ice cream truck permit:

1. Name of the Mobile food vendor;
2. Owner's contact information;
3. Operator's contact information;
4. Copy of the approved permit from the state department of agriculture;
5. Signatures from property owners indicating consent for the use of their property; if applicable;
6. Signature of the applicant indicating agreement to compliance with Chapter 5.44
7. Provide a copy of passing Health Department Report



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Verification Status for Public Benefits & Private Employer Affidavit (E-Verify)

SECTION 1 – Please Check One

As required by the State of Georgia through OCGA 50-36-1(e), the City of Covington must verify your eligibility for Georgia Public Benefits through the Systematic Alien Verification of Entitlement (SAVE) Program operated by the United States Department of Homeland Security before a license is issued.

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Covington, Georgia, application for: Occupational Tax

I am a United States Citizen

I am a legal permanent resident 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States. *If selecting this box must include documents to verify immigration status with application.

SECTION 2 – Please Check One

10 OR LESS EMPLOYEES

By Executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs ten (10) or less Employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

MORE THAN 10 EMPLOYEES (Please visit uscis.gov or call 1-888-464-4218)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) Employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ Authorization
Federal Work Authorization User Identification Number/E-Verify

Date: _____ Authorization Number is ONLY required if business employees more than 10 Employees.



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BUSINESS NAME: _____

I hereby declare under penalty of perjury that all the foregoing is true and correct. I have read and understand the City of Covington's Chapter 5.44 (Mobile Food Vendors) ordinance and will abide by this.

Signature of Authorized Business Owner, Officer, or Authorized Agent:

Print Name: _____ Date: _____

NOTARY STAMP BELOW:

SUBSCRIBED AND SWORN BEFORE ME:

ON THIS THE _____ DAY OF _____, 20____

You may get additional information on both the Save Program and E-Verify at uscis.gov. Information is on the right side of homepage (located under *Verification*). If you are not already enrolled in E-Verify, you may do so through this portal. You may also contact U.S. Citizenship & Immigration Services at 1-888-464-4218.