ROADSIDE SALES PERMIT APPLICATION

BUSINESS OWNER INFORMATION

Name of Business Owner: _____

Home Address of Business Owner: _____

Phone Number of Business Owner: _____

Email of Business Owner: _____

ROADSIDE SALES BUSINESS INFORMATION

Roadside Sales Business Name: _____

Physical Address of Proposed Location: _____

Business Phone Number: _____

Business Email: _____

Brief description of goods being sold:

REQUIRED DOCUMENTATION AND LICENSES

The below documentation is **required** to qualify for a Roadside Sales Permit and **must** be submitted along with the application.

- ☐ **Copy of a current Business License from anywhere in the State of Georgia**
- ☐ **Recent color photograph or drawing of the contemplated Roadside Sales Facility or Structure**
- ☐ **Site plan showing location of the contemplated Roadside Sales Facility or Structure on the applicable property including setback lines, parking, and distance to restrooms.**
- ☐ **Written agreement from applicable property owner/manager with regard to the time(s) and location for the premises**
- ☐ **Written consent from fixed establishment with a similar use within 200 ft. (If Applicable)**
- ☐ **Copy of Georgia Dept. of Agriculture Permit (If Applicable)**
- ☐ **Facility or Structure Fire Safety Inspection Approval**
- ☐ **Building Inspections Department Approval**
- ☐ **Roadside Sales Permit Fee**

By signing below, I acknowledge I have read, understand, and agree to comply with the City of Richmond Hill Code of Ordinances for the operation of Roadside Sales from a Facility or Structure and all other state laws and policies governing Roadside Sales.

Roadside Sales Permits are valid for ten (10) days per month. Roadside Sales rules and regulations may be modified in the case of a City sponsored event and/or annual holiday or seasonal event. The Roadside Sales rules and regulations may also be modified in the case of a nonprofit organization, that qualifies as an extended food service unit, as approved by the Bryan County Georgia Department of Public Health.

_____	_____	_____
Printed Name of Applicant	Signature	Date

----------DO NOT WRITE BELOW THIS LINE / FOR STAFF USE ONLY----------

PERMIT FEE: $200.00 Method of payment: ☐ Cash ☐ Card ☐ Check # _____

STAFF APPROVAL: **Approved By: _____ Date: _____**

Comments: _____

For more information contact our Zoning Administrator at (912) 756-3735 or astyer@richmondhill-ga.gov

REVISED 10-22-19