



The purpose of the Temporary Business Permit application is to streamline regulatory processes for seasonal/roadside business owners. Applicants requesting a permit to conduct business on the property of another may complete the entire process in as little as **3 Steps**.

- 1.** Complete the first page of the attached application.
- 2.** The owner of the property completes the Owner's Affidavit (second page).
- 3.** Once both sides have been completed, submit the application to the License and Business Support Office. A government issued I.D. and the permit fee of \$125.00 are required at the time of submission. Please note that the first page of the application must be notarized. Notaries are available in the License and Business Support Office. The Owner's Affidavit (second page) does not require a notary signature.

After completing the application and obtaining any additional permits (if necessary), a Temporary Business Permit will be issued.

Who Qualifies?

Those who will conduct business for less than 90 days in the City of Albany/Dougherty County.
Those who are a U.S. Citizen or a legal permanent resident.
Those who employ fewer than 10 employees.
Those who will conduct business at an outside location.

Temporary Business Owner Do's and Don'ts

1. All temporary entities are subject to inspection by the Albany-Dougherty Marshal's Division.
2. Authorized permits will only be issued with permission of the property owner, unless the applying business also owns the property. Vending outside of the permitted area is prohibited.
3. No booths may be set up on the City's right-of ways.
4. Business Owners are prohibited from entering the roadway to conduct any sales.
5. Business Owners are prohibited from playing loud and/or obscene music. Noncompliance may cause revocation of the issued permit.
6. Food vendors are required to complete a temporary food event permit application from the Dougherty County Environmental Health and adhere to all rules and regulations governing food preparation. They are located at 240 Pine Ave, 3rd floor, Suite 360 (229-438-3943).
7. If a tent is to be erected (greater than 200 square feet), you must obtain a permit from the Planning Department. They are located at 240 Pine Ave, Suite 300 (229-438-3901)
8. Signs, flags or structures must be placed in a manner that does not obstruct the vision of intersections or passing motorist.
9. Business owners are responsible for the disposal of their own trash.
10. The sale of alcohol is prohibited.





CITY OF ALBANY/DOUGHERTY COUNTY

FINANCE DEPARTMENT/TREASURY DIVISION

240 PINE AVENUE, SUITE 150

ALBANY, GEORGIA 31702-0447

229-431-2118

Type of Use (Check One):

Fee: \$125

Outside/Seasonal:
NAICS Code: 453220

Roadside Vendors:
NAICS Code: 454390

Roadside Food Vendors:
NAICS Code: 722330

APPLICANT'S INFORMATION

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

BUSINESS INFORMATION

Name of Business: _____

Name of Business Owner: _____

Proposed Location: _____

Phone: _____ Fax: _____ Email: _____

Products to be sold: _____

Seasonal Event (if applicable): _____

I have read and agree to the terms set forth in the **Temporary Business Owner Do's and Don'ts**. **Yes No**

I agree that I am a U.S. Citizen or permanent legal resident, and I have a fewer than 10 employees. **Yes No**

INDEMNITY AGREEMENT

I _____ agrees to indemnify and hold harmless the City of Albany, its agents, officers, and employees, their successors and assigns, individually and collectively, with respect to all claims, demands or liability for any injuries to any person (including death) or damage to any property arising out of the activities based on alleged negligence of the applicant of this Occupational Tax Certificate, its officers, agents, or employees arising out of or in any way connected with the above described. The applicant shall defend against all such claims and pay all expenses of such defense, including attorney fees, and all judgments based thereon; provided that its obligation shall not extend to any damage, injury or loss due to the negligence or other wrongful act or omission of the City or its agents, officers or employees and further provided that the City notifies them promptly of any such claim and cooperates fully in the defense of the claim, and shall be entitled to full control of the defense of any claim to which this indemnity obligation applies, including without limitation the right to select counsel and to make all decisions concerning the claim, including the decision to settle such claim. This agreement is executed by the applicant. I further agree that all information provided on this application is true and correct. I understand that any information that is found to be false, or that the applicant should have known to be false, is grounds for the revocation of this permit.

Signed by: _____

Sworn on _____ day of _____, 20_____.

Date: _____

Notary: _____



OWNER'S AFFIDAVIT FOR TEMPORARY BUSINESS PERMIT
ROADSIDE VENDING/SEASONAL BUSINESS

Applicants for Temporary Business Permits must provide written, notarized, permission from the owner of the property or the owner of the business upon which the activity is proposed, along with an application for said permit, including a contact number for the property/business owner. **This affidavit is not required for those businesses that own the property on which their temporary business will be located.**

Location of Subject Property:

Address City State Zip

I hereby certify, under oath, that I am the Owner of the property/business described above and herein attach my signature, and as the Owner of the property/business does grant permission to:

Applicant: _____

to conduct business as: _____
(Name of Business)

which shall consist of the sale of: _____

and that a true and proper agreement has been entered into with the Applicant listed above which allows the them to conduct said business/event/activity. Further, I do hereby certify, under oath, the applicant has been made aware of any special conditions that may exist at this locations.

Name of Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Home Mobile

Owner's Signature: _____ Date: _____

STAFF USE ONLY

Completed Affidavit Received by: _____ Date: _____