MOBILE RETAIL FOOD ESTABLISHMENT ADDITIONAL REQUIREMENTS AND CHECKLIST

1. ____$95 Occupation Fee in Certified Funds (Cash, Money order, cashier's check).

2. ____Copy of Applicant's Driver's License (If Permanent Resident, need copy of both back & front Permanent Resident Card)

3. ____Approval from Cobb Environmental Health Department (770-435-7815) Copy of Health Inspection report.

4. ____Color pictures of Truck (front, back, and both sides)

5. ____Copy of $1,000,000.00 liability insurance

6. ____Private Employer Affidavit

7. ____Citizenship Affidavit

8. ____LLC or Articles of Incorporation documents

9. ____Zoning Application Form (completed form to be emailed to Zoning)

10. _No sale or offer for sale shall be made by any licensee between 9:00 p.m. and 6:30 a.m. within areas residentially zoned and between 10:00 p.m. and 6:30 a.m. in all other zoning classes.

City of Marietta, Business License Division
205 Lawrence Street, P. 0. Box 609, Marietta, Georgia 30061
Telephone: (770) 794-5520; Fax: (770) 794-5685

Account# _____ **Mobile Retail Food Establishment Application**

Location Event Dates:

From ___ **To** _____

1. Name of Applicant _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone _____ _____
Gender _____ Height_____ Weight_____ Eyes_____ Hair____
Date of Birth _____ Place of Birth _____
Month /Day/ Year City State Country

2. Name and Address of Present Employer _____

3. List your Employers for the Last Five Years:

Dates From	To	Name	Address	City	State

4. List of Residences for the Past Five Years:

Dates From	To	Name	Address	City	State

5. Georgia Driver's License Number: _____
6. Has your driver's license ever been suspended? No__ Yes__ If so, describe the circumstances and date.

_____

_____

7. Have you ever been convicted in any state of a felony, misdemeanor, or ordinance violation other than minor traffic offenses? (Include conviction for DUI)
No_____ Yes_____ If yes, give date and location of conviction, penalty imposed and nature of the charge?

_____

_____

_____

8. Have you ever had a judgment or conviction for fraud, deceit, or misrepresentation entered against you?
No _____ Yes_____ If yes, give details as above _____

_____

_____

9. List any licenses currently held or previously held by the applicant within the last five (5) years preceding this date relating to mobile retail food sales or a similar business _____

_____

_____

10. Have any prior licenses been suspended, revoked or not renewed by the issuing authority?
No ____ Yes _____ If so, give full details: _____

_____

11. If you are granted the license, list name and address of employer _____

12. List the make, license plate number and **VIN** number of the vehicle being used:
_____

_____

13. What products do you intend to sell? _____

14. Describe the method of selling _____

_____

15. Attach proof of liability insurance and Georgia motor vehicle record.

I understand that it is unlawful for any mobile retail food establishment to conduct business in any public right-of-way. **Initial** _____

Indemnity Agreement. Any person or entity applying for rights with this application hereby indemnifies and releases the City of Marietta, its agents, employees and elected officials from any and all liability against any and all claims, actions and suits of any type whatsoever. **Initial** _____

PORTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY

Executed in _____(city), _____(state).

_____, being by me first duly sworn, deposes and says: that s/he is the applicant above named; that s/he has read the foregoing application and that s/he knows the contents, thereof, and that all matters and things therein set forth are true of her or his own knowledge; that any incomplete or false statements could be grounds for denial; and s/he agrees to conform to all rules and regulations promulgated by the City of Marietta in connection therewith.

_____
Date of Application

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF_____, 20___

NOTARY PUBLIC
My commission Expires:

RECEIVED BY: _____ DATE/TIME: _____

Marietta GEORGIA

Department of Development Services
205 Lawrence Street
Marietta, Georgia 30060
Rusty Roth, AICP, Director

ZONING APPLICATION FOR MOBILE RETAIL FOOD ESTABLISHMENT

Food Truck Name: _____

Main Address: _____

Email: _____

Primary Phone: _____ **Secondary Phone:** _____

Property Owner (Food Truck Location): _____

Address of property (Food Truck Location): _____

Zoning Classification: _____

Dates (MM/DD/YY)	Time (Open to Close)

Total Days: _____

Applicant's Signature: _____

Date: _____

24 Hour Contact: _____ Phone: _____

Email: _____

Email form to Planning and Zoning with Business License application submittal.
(Shelby Little (slittle@mariettaga.gov) or Sarah Ciccone (sciccone@mariettaga.gov)

CHECKLIST

- ☐ Apply for City of Marietta Business License
- ☐ Written permission of the property owner is provided.
- ☐ A sketch or site plan showing the location of food truck in relation to property lines, driveways, parking, buildings, etc.

TO BE COMPLETED BY PLANNING AND ZONING DEPARTMENT

Has this use operated at the subject property previously? ***Yes (Dates)*** _____ ***No*** _____

DATE APPROVED: _____ DATE DENIED: _____

_____
Director of Development Services

Mobile Retail Food Establishment Insurance Verification Form

Applicant: _____
Name Address PhoneNo. Fax No.

InsuranceAgent: _____
Name Address PhoneNo. Fax No.

Please obtain the following documents from your insurance agent: A declaration page showing the policy number, amounts of coverage, beginning & expiration date of policy, insurance agent, and insurance company. A declaration of covered vehicles must either be printed on the declaration or attached to it.

Your insurance agent must complete the following questionnaire before we can consider your application for a business license.

1. How many insurance policies does this mobile retail food establishment have with your insurance agency?_____ **(attach a list of vehicles assigned to this business showing any policy number)**
2. Does this mobile retail food establishment applicant have multiple policies on any vehicles? ___YES or ___NO (please check Yes or No
3. Give the names of any insurance company and any applicable policy.
   number ----------**(attach declaration page and list of vehicles for all policies)**
4. Are all polices held by this mobile retail food establishment applicant written by insurance companies authorized to conduct business in the State of Georgia? ___YES or ___NO (please check yes or no) If no, explain:
   _____
5. Is this policy or any other policy currently held by this mobile retail food establishment applicant written under the "Surplus Line" insurance law? ___YES or ___NO please check yes or no) If yes, explain:
   _____
6. Is this a commercial insurance policy? ___YES or ___NO (please check yes or no)
7. Has this mobile retail food establishment applicant been approved by the insurance company to operate as a "Mobile Retail Food Establishment"? ___YES or ___NO (please check yes or no)
8. Check the following in regard to payment plan:
   _____ Six Month Policy (paid in advance)
   _____ One Year Policy (paid in advance)
   _____ Sixty Day Binder (coverage contingent upon monthly payments)
   _____ Other (explain)
9. Name the Individual that pays the premium on this policy _____ _____

I,_____, do solemnly swear that the forgoing statements are true. I understand that any falsehoods or omissions are grounds for automatic dismissal of the application. I understand that falsification or omission of information in this statement may result **in civil and/or criminal action against me individually** and the insurance company that I represent.

SUBSCRIBED AND SWORN
BEFOREMEONTHIS
THE DAY OF___, 20___

_____
Signature of Insurance Agent or
Authorized Representative

NOTARY PUBLIC
My Commission Expires:

Affidavit Verifying Status (O.C.G.A. § 50-36-l(e)(2) Affidavit)

Please read carefully before completing

- Affidavit must be notarized prior to being submitted to the Business License Division.
  The City cannot notarize this affidavit. ***
- Include a copy of applicant's secure and verifiable identification document. A list of secure and verifiable documents is provided by the Attorney General on the Georgia Department of Law website.

By executing this affidavit under oath, as an applicant for a(n) Business License/Occupation Tax Certificate, as referenced in O.C.G.A. § 50-36-1, from the City of Marietta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ☐ I am a United States citizen. **(Provide state issued identification document. Example: driver's license)**

2) ☐ I am a legal permanent resident of the United States. **(Provide copy of alien registration document)**

3) ☐ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **(Provide copy of alien registration document)**

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-l(e)(l), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed in _____ (city), _____ (state)

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF_____,20___.

_____
Signature of Applicant

_____
Printed Name of Applicant

NOTARY PUBLIC

My Commission Expires:

****This affidavit does not apply to an applicant applying for or renewing an application for a public benefit within the same agency or political subdivision if the applicant has previously complied with the requirements of Georgia Code Section 50-36-2 by submission of a secure and verifiable document, as defined in Code Section 50-36-2, and a signed and sworn affidavit affirming that such applicant is a United States citizen.*

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) business license/occupation tax certificate as referenced in O.C.G.A. § 36-60-6(d), from the City of Marietta, Georgia, the undersigned applicant representing the private employer known as

_____ *[printed name of private employer i.e. business name]* verifies one of the following with respect to my application for the above mentioned document:

1. **Check box (a) or (b) below**

(a) ☐ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees.

(b) ☐ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees.

******If the employer checked box (a) must fill out Section 2 below.***

2. 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 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. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization company identification number (not federal employer identification number) and date of authorization are as follows:

_____
Federal Work Authorization Company Identification Number

_____
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the____Day of_____,20_____in_____(City), _____(State)

_____
Signature of Authorized Officer or Agent of Company

_____
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE_____DAY OF_____,20 _____

_____
NOTARY PUBLIC

My Commission Expires:

_____

ARTICLE 8-12-27 - MOBILE RETAIL FOOD ESTABLISHMENTS

8-12-27-10 - Definitions.

A. Commissary shall mean an approved catering establishment, restaurant, or other approved place in which food, containers or supplies are kept, handled, prepared, packaged or stored.

B. Mobile retail food establishment shall mean a retail food establishment that reports to and operates from a commissary and is readily movable, is a motorized wheeled vehicle, or a towed wheeled vehicle designed and equipped to serve food.

C. Pushcart shall mean a non-self-propelled vehicle limited to serving commissary prepared or prepackaged food and non-potentially hazardous food, unless the equipment is commercially designed and approved to handle food preparation and service. Pushcarts shall not be required to comply with mobile vehicular safety requirements.

D. Temporary retail food establishment shall mean a retail food establishment, other than a licensed mobile retail food establishment or pushcart, that is not intended to be permanent and that operates at a fixed location for a period of time as authorized within the zoning ordinance (Division 708)

9-12-27-20 - [License required.]

A. It shall be unlawful for any person to sell, offer for sale, food of any type from a commissary, mobile retail food establishment, pushcart or temporary food establishment without a license first having been granted under this section, except for city sponsored events.

B. An application for a license or a permit hereunder shall be submitted to the manager of the business license department of the City of Marietta setting forth all information required hereunder and in compliance with this ordinance. The business license manager may develop a form of application for the purpose of compliance with this article. The review process for said application shall be conducted in conformity with Marietta Code Section 8-4-080 as now existing or as may be hereafter amended.

10-12-27-30 - Prohibited conduct and requirements.

A. The mobile retail food establishment shall not conduct business or operate under this article on the public right-of-way.

B. The mobile retail food establishment shall not operate on any private property without the prior consent of the owners.

C. The mobile retail food establishment shall maintain a $1,000,000.00 liability policy. Proof of current liability insurance, issued by an insurance company licensed to do business in the state, protecting the licensee, the public and the city from all claims for damage to property and bodily injury, including death, which may arise from operation under or in connection with the permit.
Such insurance shall name the city as an additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration dated without 30 days' advanced written notice to the city.

D. The mobile retail food establishment shall not emit sounds, outcry, speaker, amplifier or announcements while traveling on the public rights-of-way.

E. The mobile retail food establishment shall maintain all state licenses and follow all laws of the state and county health departments.

F. The license under which a mobile retail food establishment is operating must be firmly attached and visible on the mobile retail food establishment or pushcart at all times.

G. No sale or offer for sale shall be made by any licensee between 9:00 p.m. and 6:30 a.m. within areas residentially zoned and between 10:00 p.m. and 6:30 a.m. in all other zoning classes.

H. The mobile retail food establishment shall comply with all state, federal and local health and safety regulations and requirements and shall obtain and maintain any and all licenses required by any other health, organization or governmental organization having jurisdiction over this subject matter.

I. The following safety regulations shall apply to any and all vehicles operating under this article or used for mobile retail food establishments:

1. Every vehicle shall be equipped with a reverse gear signal alarm with a sound distinguishable from the surrounding noise level.
2. Every vehicle shall be equipped with two rear-vision mirrors, one at each side, firmly attached to the outside of the motor vehicle, and so located as to reflect to the driver a view of the highway to the rear, along both sides of the vehicle.

J. The mobile retail food establishment shall sell food and non-alcoholic beverages only.

8-12-27-040 - Indemnity.

As part of the permitting process set forth herein, any person or entity receiving a permit set forth herein shall execute an indemnity agreement indemnifying and releasing the City of Marietta, its agents, employees and elected officials from any and all liability against any and all claims, actions and suits of any type whatsoever.

8-12-27-050 - Appeals.

Appeals from the grant or denial of a license shall be filed and processed in accordance with the procedures set forth in Marietta Code Section 8-4-080 as now existing or as may be hereafter amended.

8-12-27-060 - Revocation and suspension.

The city shall have the right to revoke or suspend any license granted hereunder in accordance with the procedures set forth in Marietta Code section 8-4-405 as now existing or as may be hereafter amended and appeals from the revocation or suspension shall likewise be governed by that section.