



CITY OF SAVANNAH - REVENUE DEPARTMENT

305 Fahm St. - P. O. Box 1228

Savannah, Georgia 31402

(912) 651-6445

***Application for Festival Hawker/Street Vendor Permit
Saint Patrick's Day Parade – Tuesday, March 17, 2020***

OPERATING HOURS – 7A.M. UNTIL 7 P.M

Account Number: _____ Permit Number: _____

Name of Applicant: _____

Do you hold a 2020 Business Tax Certificate issued by the City of Savannah or other jurisdiction within the State of Georgia Yes No. Business Tax Certificate No. _____

If the answer is yes, you must provide a copy of your tax certificate and pay only the \$35.00 regulatory fee for a festival hawker/peddler.

If the answer is no, you must fill out this form and pay the transient peddler regulatory fee of \$10.00, pay the festival hawker/peddler regulatory fee of \$35.00 and \$85.00 for the Business Tax Certificate.

Does this permit relate to a non-profit organization based in Chatham County?

_____ Yes _____ No

***If yes, attach a copy of IRS 501(c) (3) certification document to this application.
Pay only the \$35.00 regulatory fee.***

Applicant's Home or Business Address:

Street#/POBox

City/State

Zip

Contact Telephone Number: (_____) _____

List/describe items to be sold: _____

BUSINESS TAX DUE:

AMT. PD.

(Attach Copy of 2020 Business Tax Certificate if applicable)

(If you do not have a 2020 Business Tax Certificate)

\$ 85.00

TRANSIENT PEDDLER FEE:

(If applicable)

\$ 10.00

PEDDLER/HAWKER REG. FEE:

(MANDATORY)

\$ 35.00

TOTAL AMOUNT DUE:

**PAYMENT MUST BE CASH, CREDIT CARD, MONEY ORDER, OR CASHIER'S CHECK.
A SEPARATE APPLICATION IS REQUIRED FOR EACH PEDDLER/HAWKER.**

CITY OF SAVANNAH

REGULATIONS GOVERNING FESTIVAL HAWKERS/STREET VENDORS/PEDDLERS
SAINT PATRICK'S DAY PARADE 2020

**ALL HAWKER'S CARTS MUST BE INSPECTED PRIOR TO
PROCEEDING TO THE PARADE ROUTE.**

****CART INSPECTIONS WILL OCCUR AT
301 W. OGLETHORPE AVE FROM 6:00 A.M. TO 7:00 A.M.***

1. By definition in Code Section 6-1602, a peddler is a person who has no fixed place of business within the City and who sells or offers to sell goods or services by going from place to place within the City. Accordingly, no peddler shall be permitted to set up a booth, stand, or otherwise conduct business from a fixed location on public or private property. *Festival hawkers/street vendors must keep moving at all times selling their goods.* Festival hawkers must not stop and stand in intersection crosswalks, block or obstruct access to handicap curb-cuts, or obstruct pedestrian passage on sidewalks at any time.
2. Food items sold must be pre-packaged; *no prepared food vending is permitted.* The sale or possession of toy guns, fireworks, impact explosives or novelty aerosol sprays including silly string is strictly prohibited. Selling of any items which graphically depict human genitalia, nudity, sex acts, or displays images or language deemed to be lewd or offensive will be prohibited. The City of Savannah reserves the right to revoke the permit of any vendor violating this regulation. Such items are deemed to be a public nuisance or a safety hazard.
3. Pursuant to City Code Section 6-1615, the following streets, sidewalks and public ways are off-limits to peddlers, festival hawkers or street vendors: River Street is a controlled festival zone; all of the area north of the south curb line of Bay Street; all City Parks and Squares; all of the City Market areas bordered by Bryan Street on the north, Congress Street on the south, Barnard Street on the east, and Montgomery Street on the west; and *the traffic lanes along the designated parade route when and where the parade is in progress.*
4. Each festival hawker/street vendor *must* display his/her permit at all times along with their picture I.D. while conducting business during the St. Pat's Festival. The permit and I.D. must be presented upon demand to any City Marshal or Police Officer. **Permits which are lost or stolen will not be replaced.**
5. All hawkers' peddlers will be issued a picture ID permit provided by the City of Savannah. Applications must be submitted to the City of Savannah Revenue Department, at 305 Fahm Street, by **12 NOON P.M.** on Thursday, March 12, 2020. All Hawker's permits will be available for **pick-up from the Revenue Department between the hours of 2:00 p.m. and 4:00 p.m. on Monday, March 16, 2020.** Each applicant must present a government issued, picture identification in order to pick-up the permit.

NO PERMITS WILL BE ISSUED MARCH 17, 2020

****I hereby certify that the statements made in this application are true and correct. I have read and clearly understand the business tax and regulatory permit requirements. I understand that my goods can be confiscated and I could be ask to cease business. I am also subject to be subpoena to Recorder's Court and face penalties resulting from violations of the City ordinances and regulatory policies.***

SIGNATURE: _____ DATE: _____

CITY OF SAVANNAH

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SIGNATURE: _____ DATE: _____

VENDOR'S NAME: _____ PERMIT NUMBER: _____

**AFFIDAVIT VERIFYING STATUS FOR CITY
PUBLIC BENEFIT APPLICATION**

(Please sign the document only in the presence of the Notary Public)



Revenue
Department

By executing this affidavit under oath, as an applicant for a City of Savannah, Georgia Business Tax Certificate, Alcohol License, or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Savannah, GA

(Check one) () **Business Tax Certificate**, () **Alcohol License**, or () **Other Public Benefit**

(Print name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

_____ I am a United States citizen **OR** (SEE ACCEPTABLE DOCUMENTS BELOW)

_____ I am a legal permanent resident 18 years or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration Act 18 years of age or older and lawfully present in the United States.*

_____ Alien Registration number for non-citizens

Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be attached to the Affidavit:

1. Valid, Unexpired Foreign Passport with I-94
2. Temporary Resident Alien Card (I-688)
3. Employment Authorization Card (I-76 or I-688A)
4. Employment Authorization Document (I-688B)
5. Refugee Travel Document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willingly 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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE _____ DAY OF _____, 20____

Notary Public

My Commission Expires: _____/_____/_____

_____ Seal

Printed Name of Applicant

Signature of Applicant Date

Title

*Note: O.C.G.A. 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.



Private Employer E-Verify Affidavit

**** THIS FORM IS REQUIRED BY STATE LAW ****

Account #: _____

By executing this affidavit under oath, as an applicant for a(n) _____
[business license, occupational tax certificate, or other document required to operate a business] as
referenced in O.C.G.A. § 36-60-6, from the CITY OF SAVANNAH, the undersigned applicant representing the
private employer known as _____ [printed name of private
employer – individual, firm or corporation] verifies one of the following with respect to my application for the
above mentioned business document:

The individual, firm, or corporation employs the following number of employees: (Select A or B)

(A) _____ **11 or more employees**
You must provide the following information in order to receive a 2013 occupational
tax certificate.

_____ Federal Work Authorization User Identification Number _____ Date of Authorization

(B) _____ **10 or fewer employees – automatically exempt from participation in E-Verify
program.**

Furthermore, I, as the applicant, affirmatively state that the employer has registered with and utilizes the
federal work authorization program in accordance with the applicable provisions and deadlines established in
O.C.G.A. § 36-60-6.

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 date of
_____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

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: _____