



**ADMINISTRATIVE PERMIT APPLICATION FOR
PRODUCE/ROADSIDE VENDING/SEASONAL BUSINESS ONLY**

Type of Use (Check One):	Duration:
Outdoors Seasonal: ____\$50 (Christmas trees, pumpkin patch, etc.)	From: _____ To: _____
Roadside Vendors: ____\$50 + \$10/day	Expiration Date (if any): _____
Roadside Produce Stand: ____\$50	

SITE/PROJECT INFORMATION

Name of Business or Applicant

Business or Applicant Address City State Zip

Phone # Location City
State Zip

Fax# Type of Business

Email Address Products to be sold

Have you held any City of Milton Administrative Permit within the last 15 months? ___No; ___Yes.

If yes, please provide a separate sheet listing those permit number(s) held, address of the site(s), name of the owner and type of business conducted for each.



CONTRACTORS INFORMATION

Business Name Agent Name

Business Mailing Address (if other than above)

Business Phone Cell or Home Phone Fax Phone

Email Business License No. Trust Account No.

AFFIDAVIT

I hereby certify that the site described herein will be constructed and/or used in accordance with all applicable zoning ordinances and laws governing the Community Development Department. Further, Applicant states, under oath, that in attaching a signature hereupon the Applicant does swear that for a Roadside Vending Permit, a comprehensive survey of the vicinity of the property whereupon the proposed event is to take place was conducted by the applicant and that said survey was demonstrated that there are no permanent businesses adjacent to or in the vicinity, at a distance of less than the required 1,500 feet, from the property whereupon the vending is to take place conducting the same or similar business or offering the same merchandise, more are there any existing Roadside Vendors within the same 1,500 feet. Applicant further states that, should a complaint be file against the Applicant for violation any regulation associated with this Application for an Administrative Permit; the permit issued for the subject event will immediately become void and will not be reissued for the same location.

APPLICANT'S SIGNATURE

Sworn and Attested before me this ____ day of _____, 20____,

NOTARY PUBLIC

OWNER'S AFFIDAVIT FOR ADMINISTRATIVE PERMITS
PRODUCE STAND/ROADSIDE VENDING/SEASONAL BUSINESS

Pursuant to the Milton Zoning Ordinance, Article 19, Section 3, or by process and/or procedural requirements of the Community Development Department, applications for an Administrative Permit for Festivals/Even (19.3.3), Roadside Produce Stands (19.3.11), Roadside Vending (19.3.11(1)), or Seasonal or Temporary Business (10.3.11.(2)) must provide written, notarized, permission from the owner of the property upon which the event is proposed along with an application for said Permit including a 24-hour contact telephone for the owner.

In addition, the owner and applicant must ensure and commit to compliance with standards established by the Milton Zoning Ordinance for the specific application being filed.

Location of Subject Property:

Address _____ City State
Zip

I hereby certify, under oath, that I am the Owner, the Executor or Attorney-in fact under a Power of Attorney for the Owner (attach a copy of the Power of Attorney letter), of the property described above and that in attaché a signature hereupon the Owner does grant permission to:

(Lessee/Operator)

to conduct business as _____
(Name of Business)

which shall consist of the sale of _____

or other event/activity known as _____

And that a true and Proper agreement has been entered into with the Lessee/Operator listed above which allows the Applicant to conduct Said business/event/activity

From _____ (date) to _____ (date). Further, I do hereby certify, under oath, the Applicant has been made aware of and will comply with all of the standards and requirements of the Milton Zoning Ordinance, Article 10, Section 3, pursuant to that specific portion by which the above stated business/event/activity is regulated. Including, but not limited to the following:

Submit a scaled drawing that graphically depicts the following information:

___ A north directional arrow, the name of the thoroughfare from which access is gained, and adjoining uses (i.e. names of businesses, institutions, residence, public facilities, etc.)

___ The true and accurate proposed location of the temporary activity, with dimensions from all property lines and to existing building on the site.

___ Traffic patterns and curb cuts (driveways).

Administrative Permit Application for Produce/Roadside Vending/Seasonal Business Only

___ The true and accurate proposed location of any temporary sanitary facility or trash receptacle with dimensions from the facility or receptacle to the nearest property line.

___ For Seasonal Business Use or Temporary Business Use, the following will be noted on the drawing:

- "There are no other seasonal or temporary businesses located within 1,500 feet of the proposed vendor site.
- "No sales shall be permitted from a vehicle".
- "No equipment, vehicle, display or sales activity will block access to a public facility; such as a telephone booth, mail box, parking meter, fire hydrant, fire alarm box, traffic control box, driveway or other access point."

Name of Owner

Address

Zip

City State

24-Hour Contact Phone Number
(one)

Phone/cell/pager (circle
one)

Owner's Signature

Sworn and Attested before me this _____ day of _____, 20_____.

Notary Public

_____ (Seal)

STAFF USE ONLY

Completed Affidavit Received by: _____ Date: _____