



Tax Commissioner's Office
188 Third Street, Macon, Georgia 31201
Mail to: Tax Commissioner's Office PO
Box 4503
Macon, GA 31208-4503

TRANSIENT MERCHANT PERMIT APPLICATION INSTRUCTIONS

1. Obtain a written statement from the property owner authorizing your use of the location.
2. Contact the **Macon-Bibb County Fire Department** for a location inspection and authorization. For more information and to schedule an appointment, please call **478-751-2700**.
3. Contact **Macon-Bibb County Traffic Engineering** for a location inspection and authorization. For more information and to schedule an appointment, please call **478-464-5700**.
4. Contact the **Macon-Bibb County Planning and Zoning Commission** to apply for and receive a Zoning Compliance form. Provide all of the above documentation when applying. Please attach your Zoning Compliance form to this application. Macon-Bibb County Planning and Zoning Commission is located at:

TERMINAL STATION
200 Cherry Street, Ste 301
Macon, GA 31201

Monday-Friday
Contact for Office Hours
(478) 251-2554

5. All Transient Merchant businesses must provide a good and sufficient bond in the penal amount of five thousand dollars (\$5,000.00) payable to Macon-Bibb County. Please contact your insurance agency/company for the bond and attach it to this application.
6. All businesses that are preparing food must have a **Food Service Inspection** made by the **Georgia Department of Public Health, North Central Health District**. Please attach a copy of your Temporary Food Service permit to this application. For more information and to arrange an appointment with an Inspector, please call (478) 749-0121.
7. All businesses with **pre-packaged retail food** must have a **Food Sales Inspection** conducted by the Georgia Department of Agriculture, Consumer Protection Division. Please attach a copy of your Temporary Food Service permit to this application. You can arrange an appointment with an Inspector by calling **(404) 363-7646**.

Return the completed application and all required documents to the following location:

Macon Bibb Tax Commissioner's Office
PO Box 4503
Macon, GA 31206-4503

Office Hours: Tuesday-Friday 8:00am - 5:30pm

*****PERMIT MUST BE POSTED ON SITE*****



Tax Commissioner's Office
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Macon, GA 31206-4503

TRANSIENT MERCHANT PERMIT APPLICATION

FEE: \$19.00/day

Complete entire application. Incomplete applications will be returned.

APPLICANT INFORMATION		
APPLICANT NAME:		HOME PHONE:
HOME ADDRESS:		
CITY:	STATE:	ZIP:
BUSINESS INFORMATION		
<input type="checkbox"/> SOLE OWNER	<input type="checkbox"/> LLC	<input type="checkbox"/> CORPORATION
BUSINESS NAME:		BUSINESS PHONE:
BUSINESS ADDRESS:		
CITY:	STATE:	ZIP:
FEDERAL TAX ID #:		STATE SALES TAX ID #:
TEMPORARY BUSINESS LOCATION		
NUMBER OF DAYS TO BE IN BUSINESS:	FIRST DATE OF BUSINESS:	LAST DATE OF BUSINESS:
ADDRESS OF TEMPORARY BUSINESS:		
CITY:	STATE:	ZIP:
BUSINESS HOURS: (OPEN – CLOSE)		
DESCRIBE PRODUCTS TO BE SOLD:		
SURETY BOND (ATTACH ORIGINAL BOND AND P.O.A. TO APPLICATION)		
NAME OF BONDING COMPANY:	BOND NUMBER:	BOND EXPIRATION DATE:
CERTIFICATION		
I, _____ BEING THE _____ OF THE (NAME) (TITLE) BUSINESS FIRMED NAMED, DO HEREBY APPLY TO OPERATE SAID REGULATED BUSINESS WITHIN MACON- BIBB COUNTY WITH THE DOMINANT ACTIVITY OF _____. (TYPE OF BUSINESS) I, THE UNDERSIGNED, CERTIFY THAT I AM THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN AND THAT THE ABOVE STATEMENTS ARE TRUE, CORRECT, AND COMPLETE.		
APPLICANT'S SIGNATURE _____		DATE _____