CITY OF WINDER
TEMPORARY OUTDOOR ACTIVITY PERMIT
$50.00

Date:_____

THIS PERMIT IS VALID FOR A MAXIMUM OF TWENTY DAYS FROM THE FINAL APPROVAL DATE AND ANOTHER PERMIT MAY NOT BE ISSUED OR RENEWED WITHIN FOUR MONTHS FROM THE DATE OF APPROVAL!

Business Name:_____
Type of Business:_____
Describe Business in Detail:_____
Business Address:_____
Business Mailing Address (if different from above):

_____

Business Phone #:_____ # of Employees:_____
Federal Tax #:_____ Contractor State #:_____
Sales Tax #:_____(COPY OF CERTIFICATE REQUIRED)

I understand as the applicant that **I must supply** the following information:

- ☐ Internal Revenue Service/Fed ID
- ☐ Barrow County Health Department/Department of Agriculture
- ☐ Copy of plat attached showing acreage.
- ☐ Georgia Department of Revenue/Georgia Sales Tax Number
- ☐ City of Winder Fire Department Inspection (issued by Captain Jeff Carlyle)

Owner Name:_____ Home Phone #:_____
Owner Address:_____
Cell Phone #:_____ E-Mail Address:_____ Web Address:_____
Date of Birth:_____SS#:_____ Georgia DL#:_____
(Card Must Be Verified) (Copy of license required)

Manager/Operator (if different than above)
Name:_____ Home Phone #:_____
Home Address:_____
Cell Phone #:_____ E-Mail Address:_____ Web Address:_____
Date of Birth:_____ SS#:_____ Georgia DL#:_____
(Card Must be Verified) (Copy of license required)

Do you own or rent the property where your business will be located? Own Rent
(If you rent, please fill out the following information completely.) **Attach permission from property owner**.
Owner of Building:_____ Home Phone #:_____
Owner Address:_____ Business Phone #:_____
_____ Other Phone #:_____

I certify that the above information is correct and true to the best of my knowledge, and further understand that the above information will be checked by the City of Winder. I authorize the City of Winder to check my driving and criminal records file. I further certify that the business being registered herein, is not considered adult amusement, adult entertainment, or a sexually oriented business as defined in Chapter 3.5 of the City of Winder Code of Ordinances. I understand that any false statements may result in rejection of my application. **I MUST COMPLY WITH ALL REGULATIONS AND DEFINITIONS OF CHAPTER 13 ARTICLE X TEMPORARY OUTDOOR ACTIVITY. FAILURE TO ABIDE BY THESE REGULATIONS MAY RESULT IN THE REVOCATION OF THIS PERMIT.

Signature:_____ Date:_____

FOR USE BY THE CITY OF WINDER

Zoning of Business Address:_____ Is Zoning Compatible with Proposed Business:_____ NAICS Code:_____

_____ Approved/Denied _____ _____ Approved/Denied _____
Chief of Police Date Envirnomental Protection Services Date

_____ Approved/Denied _____ _____ Approved/Denied _____
Planning Director Date City Administrator Date

_____ Approved/Denied _____
Fire Department Date