

CITY OF BUFORD
APPLICATION FOR BUSINESS OWNER PERMITTING TRANSIENT AND
ITINERANT MERCHANT VENDORS TO HOST EVENT

Complete the following application, provide event layout, and return to, Rhonda Cunningham, City of Buford, 2300 Buford Hwy, Buford, GA 30518, no less than 45 days prior to the event. For more information, call 770-945-6761 or email Rhonda Cunningham at rcunningham@cityofbuford.com.

Application Date: _____

Name of Business _____

Address of Business _____

Name of Event: _____ Actual Date of Event: _____

Name of Vendor Hosting Event: _____

Address of Vendor: _____

Set-Up Time: _____ A.M. or P.M. Date: _____

Tear-down Time: _____ A.M. or P.M. Date: _____

Actual Start Time of the Event: _____ A.M. or P.M.

Actual End Time of the Event: _____ A.M. or P.M.

Total Event Hours: _____ (*Include Set Up & Tear Down Time)

Estimated Number of Attendees: _____

Do You Have A Current Business License Held With The City of Buford _____

Business License Number _____

Signature of Person Making Application _____ Date _____

For City Use only

ALL SIGNATURES REQUIRED FOR APPROVAL _____ **Date Rec'd.** _____

Events Coordinator _____

- City Sponsored Event
- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL _____ **Date Rec'd.** _____

Safety Director _____

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____

ALL SIGNATURES REQUIRED FOR APPROVAL _____ **Date Rec'd.** _____

City Manager _____

- Approved
- Denied
- Approved with conditions

Approval/Denial Conditions: _____
