



CITY OF DAHLONEGA

465 RILEY ROAD
DAHLONEGA, GA 30533
Phone 706-482-2711 Fax: 706-864-4837

**OUTSIDE SALES and DINING OPERATIONS
PERMIT APPLICATION
SIDEWALK or PRIVATE PROPERTY**

Applicant Name: _____

Business Name: _____

BUSINESS INFORMATION

Occupational Tax Number: _____

Phone Number: _____

Business Physical Address: _____

City / State / Zip Code: _____

Mailing Address: _____

City / State / Zip Code: _____

Email Address: _____

CONTACT INFORMATION

Select Ownership Type:

Association

Corporation

Partnership

Sole Owner

LLC

Owner / Agents Name (If different) _____

Phone Number: _____

Owner / Agents Address: _____

City /State / Zip Code: _____

Email Address: _____

Additional Owner / Agents (Attach separate page for additional owner(s) information if necessary.)

Owner / Agents Name: _____

Phone Number: _____

Owner / Agents Address: _____

City /State / Zip Code: _____

Email Address: _____

Alcohol Beverage License Number: _____

Select type of beverage to be served:

Beer

Wine

No Alcohol Sales

Number of tables: _____

24-Hour Contact Information

Name: _____

Phone Number: _____

Email Address: _____

Landlord Consent:

If you rent your space, you must have written permission from the property owner.

You must provide a layout showing seating capacity, entry/exit paths and safety compliance.

Accessibility:

All setups must follow American with Disabilities Act (ADA) requirements. Sales shall occur within an area of the zoned premises approved by the city manager or his/her designee and that limits access to the outdoor dining area.

Signage:

Approved signage must be displayed within said area to advise patrons that alcoholic beverages cannot be removed from the designated outdoor dining area under any circumstances.

Any alcohol sold by the permittee cannot be served in bottles, cans, plastic cups, or any other disposable containers, but only in approved glass containers.

I have read and understand the Outside Sales and Dining Operations Policy. I am aware that failure to comply with the requirements of this permit would result in revocation of the Outdoor Dining Operations Permit and/or enforcement action by the City of Dahlenega.

I certify that this business operates exclusively on:

PRIVATE PROPERTY

OR

PUBLIC SIDEWALK

I acknowledge that the property requesting Outside Sales meets all ADA requirements.

Date: _____

Name: _____

Signature: _____

Required Attachments:

Permission from Property Owner for use of extended dining area.

Site Plan: Submit a detailed layout of Outdoor Dining area showing Tables and Exit Gates. Or provide a photograph (picture) of Outdoor Dining area.