

20 \_\_\_\_\_

**PEDDLERS PERMIT APPLICATION**

Once the background is returned to City Hall they will be contacted to pick up their ID Card.

This will take approximately 7-10 days.

**PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLCATIONS WILL NOT BE PROCESSED**

NAME: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(No PO Box) Number CITY ST ZIP

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Mailing Address (if different from home address): \_\_\_\_\_  
CITY ST ZIP

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

Please attach **Original Photograph** (front view) taken within the past year (***copies are not acceptable***).

<b>STAFF USE ONLY</b>			
<b>Fee \$500.00</b>	Amt. Paid:	<input type="radio"/> Cash <input type="radio"/> Check # _____	Date:
City Clerk:			Date:
Police Department Approval:			Date:

**REQUIRED INFORMATION CHECKLIST –  
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

**PEDDLERS PERMIT SUBMISSION CHECK LIST**

- Completed **Application Form**
- SAVE Affidavit notarized
- Copy of Corporate resolution
- Copy of **Alien Registration Card**, if applicable
- Authorized letter from private property owner showing permission
- Two (2) character references or evidence of good character of applicant or business (Awards etc.,)
- 2X2 Photo taken within the last 60 days. (Head and shoulder must be included i.e., Passport Photo)
- Statement by physician, licensed by the State, dated not more than 10 days prior to submission certifying applicant to be free of infectious, contagious, or communicable disease.
- Copy of applicant's **State- or Federally-issued Photo ID**
- If license is required by State of Georgia, copy of **Individual or Business State License**
- Copy of DeKalb County Board of Health **Food Service Permit** for food service/preparation establishments
- Copy of Georgia Department of Agriculture **Food Sales Establishment License** for food sales/processing establishments
- Copy of DeKalb County Department of Watershed Management **F.O.G. Certificate** (Fats, Oils, and Greases Wastewater Discharge Permit) for food service establishments
- Payment with Application:**
  - \$500.00 Application Fee

**CITY OF DORAVILLE PEDDLERS PERMIT**

**Company Representing:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

ADDRESS

SUITE/UNIT

CITY

STATE

ZIP

Show here under current corporate officers and their addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Company Sales Tax Number:** \_\_\_\_\_

**\*\*\*Attach CORPORATE RESOLUTIONS\*\*\***

Description of services/product provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of products of farm or orchard did the applicant produce or grow said product?

\_\_\_\_\_

If yes where was this product grown or produced?

\_\_\_\_\_

Length of time permit is requested: \_\_\_\_\_

Number of vehicle(s) to be used: \_\_\_\_\_

<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>Color</u>	<u>Plate Number</u>

If you have ever been convicted of any crime, list the information below (Do not include misdemeanor traffic violations):

<u>Date</u>	<u>Offense</u>	<u>County and State</u>

\*Attach additional sheets if necessary.

Are you currently on probation or parole for any crime?  Yes  No

If yes please explain:

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Please attach two (2) character reference letters of property owners in DeKalb County of in lieu of reference any evidence as to the good character and business responsibility of the applicant as will enable an investigator designated by the City to properly evaluate such character and business responsibility.

Please attach a photograph that has been taken within the last sixty (60) days. Note that the picture size requirement is 2X2 and the head and shoulders must be included in the picture.

Please attach a statement by a reputable physician, duly licensed by the State, dated not more than ten (10) days prior to submission of the application, certifying the applicant to be free of infectious, contagious, or communicable disease.

Fingerprints will be taken by the Doraville Police Department upon application.

The fee for a solicitor's permit is \$500.00 if your application is denied your application fee will be refunded minus \$100.00 for the fingerprinting and background investigation.

- I do not have any questions or comments regarding the ordinances, laws, regulations or application.
- I have fully answered all questions in the application.
- I am familiar with the City of Doraville ordinances, State laws and Regulations, Federal laws and Regulations governing the operations of this type of business.

ISSUANCE OF A PERMIT IS NOT TO BE CONSIDERED AN APPROVAL OF ANY OTHER ACTION AND IN NO WAY CONFIRMS THAT THE PERMITTEE MEETS OTHER REQUIREMENTS OF THE CITY OF DORAVILLE. FURTHER, ISSUANCE OF A PERMIT NEITHER WAIVES NOR PREVENTS THE APPLICABILITY OF ANY LAW OR ORDINANCE, NOR WILL SUCH ISSUANCE PREVENT THE ENFORCEMENT OF ANY LAW OR ORDINANCE.



I hereby swear or affirm that I have answered all questions truthfully and to the best of my knowledge.

I hereby authorize the City of Doraville Police Department to investigate and confirm any financial or other information provided in this application.

I hereby authorize the City of Doraville Police Department to receive any criminal history record information pertaining to me, which may be in the files of any local state or federal law enforcement agencies. I also waive use of any and all information they may discover. I also release the City of Doraville Police Department, or any of their authorized agents, from any liability connected to the release of any criminal history or prior employment information. There releases are in exchange for the consideration of this application.

I hereby swear or affirm the information provided herein is true, complete and accurate and I understand that any inaccuracies may be considered just cause for invalidation of this application and an action taken on this application.

I understand that the City of Doraville reserves the right to enforce any and all ordinances regardless of payment of any fee and further that it is my responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language or I have had someone who can read the English language to read this document to me and I freely and voluntarily have completed the application. I understand that it is a felony to make false statements or writings to the City of Doraville pursuant to O.C.G.A. § 16-10-20.

PLEASE VERIFY THT ALL SECTIONS ARE COMPLETE OF THE PEDDLERS APPLICATION – ANY MISSING INFORMATION WILL CONSTITUTE AN INCOMPLETE APPLICATION.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

Sworn and subscribed before me:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

**AFFIDAVIT CERTIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this Affidavit under oath, as an applicant for an Occupational Tax Certificate or other public benefit from the City of Doraville, Georgia, as referenced in O.C.G.A. Section 50-36-1, I state that that I, \_\_\_\_\_ [name of natural person applying on behalf of individual, business, corporation, partnership or other private entity],

I am a United States citizen.

**OR**

I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.\*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens who do not have an alien registration number may supply another identifying number below.

**Alien Registration Number for Non-Citizens:** \_\_\_\_\_