

PERMIT APPLICATION FORM FOR
PEDDLER/SOLICITOR

CITY OF MOULTRIE
P.O. Box 3368
MOULTRIE, GEORGIA 31776
PHONE: (229) 668-0023

PERMIT APPLICATION NON-REFUNDABLE ADMINISTRATIVE FEE \$150.00

DATE: _____

CERTIFICATE OF REGISTRATION AND IDENTIFICATION CARD ISSUED BY THE
CITY CLERK WILL EXPIRE FORTY-FIVE (45) DAYS FROM THE DATE OF ISSUANCE.

BEGINNING DATE: _____ ENDING DATE: _____

SELECT ONE: NATURAL PERSON, PARTNERSHIP, CORPORATION OR OTHER LEGAL ENTITY

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

DESCRIPTION: _____

SS#/FED ID#: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS PHONE: _____ NUMBER OF EMPLOYEES _____

LIST ALL OFFICERS IN BUSINESS IF PARTNERSHIP, CORPORATION OR OTHER LEGAL ENTITY
(PRESIDENT, VICE PRESIDENT, SECRETARY, TREASURERS, ETC.)

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>
-------------	----------------	-------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

LIST NAME OF OTHER CITIES IN WHICH PERSON REGISTERING HAS ENGAGED IN
PEDDLING OR SOLICITATION WITH THE PAST TWO (2) YEARS, BUT IF THE PERSON HAS
ENGAGED IN PEDDLING OR SOLICITATION IN MORE THAN TEN (10) OTHER CITIES, THE PERSON
REGISTERING MAY LIST THE FIVE (5) CITIES IN WHICH THE MOST PEDDLING AND
SOLICITATION ACTIVITIES OCCURRED INCLUDING DATES AND LIST OF PERMITS OBTAINED.

<u>CITIES OF PREVIOUS PERMITS</u>	<u>DATES OF OCCURRENCES</u>	<u>LICENSE/PERMITS ISSUED</u>
-----------------------------------	-----------------------------	-------------------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAS THE PERSON REGISTERING OR ANY OFFICER, DIRECTOR, TRUSTEE, PARTNER OR ANY CURRENT AGENT OR EMPLOYEE THEREOF BEEN CONVICTED OF A FELONY OR MISDEMEANOR INVOLVING MORAL TURPITUDE WITHIN THE PAST FIVE (5) YEARS, AND IF SO, THE NATURE OF THE OFFENSE, THE CITY AND STATE WHERE CONVICTION OCCURRED AND THE YEAR OF SUCH CONVICTION.

YES OR NO _____ IF ANSWER IS YES, PROVIDE THE FOLLOWING:

NATURE OF OFFENSE, CITY AND STATE OF CONVICTION AND YEAR OF CONVICTION

ALL PERSONS PARTICIPATING IN THE PEDDLING EFFORT MUST INCLUDE THE FOLLOWING:

NAME	HOME ADDRESS	PHONE NO.	DATE OF BIRTH
------	--------------	-----------	---------------

EACH PERSON PARTICIPATING IN THE PEDDLING EFFORT MUST BE FINGERPRINTED , PHOTOGRAPHED AND COMPLETE THE REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION - INDIVIDUAL'S CONSENT

NOTICE:

I SWEAR OR AFFIRM THAT HE OR SHE HAS CAREFULLY READ THE REGISTRATION STATEMENT AND THAT ALL THE INFORMATION CONTAINED THEREIN IS TRUE AND CORRECT.

PRINT NAME

SIGNATURE

OFFICE USE ONLY

DATE PERMIT ISSUED: _____ DATE PERMIT EXPIRES: _____

REGISTRATION NUMBER: _____

PERMIT ISSUED BY: _____

INDIVIDUAL CONSENT REQUEST FOR DISSEMINATION OF RECORDS AND INFORMATION

I, the undersigned, hereby authorize _____ to receive any criminal history information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT

Person of Inquiry/Full Name *Persona de Encuesta/Nombre por completo*

Street Address *Direccion de la calle*

City *Estado*

State *Estado*

Zip *Codigo Postal*

Phone Number *Telefono*

Race *Raza*

Sex *Sexo*

Date of Birth *Fecha de Nacimiento*

Social Security Number *Num. Seguro Social*

Signature/Person of Inquiry *Firma/Persona de Encuesta*

Notary

Date

(Seal)

Commission Expires

PURPOSE OF INQUIRY (Circle One)

- Housing School Non-Law Enforcement Employment Law Enforcement Employment
Employment with Elderly Employment with Children Employment with Mental Health
Contractor Registration Occupational Tax

REQUESTOR'S ACKNOWLEDGEMENT

DISCLOSURE PROVISION: In the event that an employment or licensing decision is made adverse to the person above, the person must be informed by the individual or group making the decision, of all pertinent information which resulted in the adverse action. This disclosure shall include information that a record was obtained, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information shall be a misdemeanor.

REQUESTING:

() MPD Record Only

() GCIC Record NO RECORD SEE ATTACHED
(FEES: Record Search/Dissemination—\$_____)

Dissemination Officer _____

X _____
Requestor's Signature *Firma del persona de encuesta*

Representing—Company, Firm, etc...

Date _____