



City of Johns Creek
 Revenue
 11360 Lakefield Drive
 Johns Creek, Georgia 30097
 (678) 512-3242
 www.johnscreekga.gov

Solicitors (Door-to-Door Salesman) Permit Application

APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE REVENUE DIVISION IN PERSON WITH A GOVERNMENT-ISSUED PICTURE I.D. AND PAYMENT IN THE AMOUNT OF \$75.00. SOLICITING IS PROHIBITED PRIOR TO 8:00AM OR AFTER 9:00PM.

I. Applicant Name: _____ Social Security Number: _____ - _____ - _____
Last Name First Name MI

Phone: _____ Email Address: _____
 (Check One) Mobile or Home

Alias or Other Names Used: _____ Birthplace: (City, State & Country) _____

Date of Birth: ____/____/____ Driver's License Number: _____ State Issued: _____

II. Address Information – list all home addresses over the past five (5) years; use the back of this sheet if more space is needed.

Current Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

Previous Address: _____ Apartment/Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

III. Physical Description

Gender: (Check One) Male or Female Age: _____ Race: _____

Eye Color: _____ Hair Color: _____ Height: _____ ft. _____ in. Weight: _____

IV. Vehicle Description

Make: _____ Model: _____ Year: _____ Color: _____

License Plate Number: _____ State Issued: _____

V. Employer/Business Information

Business Name: _____ Employer's Phone Number: _____

Business Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____ Period: (mm/yy) ____/____ to ____/____

List the name(s) and address(es) of employers during the past three (3) years if other than the present employer:

STAFF USE: REVENUE: Initials: _____ Amount Due: **\$75.00** Amount Paid: _____
 Balance Due: _____ Receipt #: _____

VI. Names of the three (3) most recent communities where applicant has solicited from door to door:

VII. Operation and Material Detail

a) Describe the subject matter being solicited: _____

b) Proposed method of soliciting: _____

c) Routes to be followed (include streets and dates): *Attach a separate sheet if necessary* _____

VIII. Have you been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law?

(Check One) Yes or No If yes, please explain below:

IX. Background Consent

I, (print your name) _____, authorize the City of Johns Creek and/or their designee, *Security Solutions of America, Inc (SSA)*, to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Applicant Signature: _____ **Date:** _____



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Affidavit Verifying Lawful Presence Within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (*check one*):

- I am a United States citizen or legal permanent resident 18 years of age or older.
- I am a legal permanent resident of the United States.
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (*check one*):

- Alcoholic Beverage License for _____
Print Business Name
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate _____
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Print Name of Applicant

Position Title (if applicable)

Signature of Applicant

Date

Subscribed and sworn to before me on

this the _____ day of _____, 20_____.

(Clerk/Notary Public)

My commission expires: _____