OFFICE USE ONLY	
RECEIPT #	CARD#

SANDY SPRINGS
GEORGIA

POLICE DEPARTMENT
620 Morgan Falls Rd * Sandy Springs, GA 30350 * Phone 770.551.3299

SOLICITATION PERMIT

PLEASE PRINT CLEARLY

JOB TITLE APPLYING FOR:

NAME:

(Last)	(First)	(Middle)

(Aliases)	(Race)	(Sex)	(Height)	(Weight)

(Hair Color)	(Eye Color)	(Driver's License/ID#)	(State)

(Phone #)	(Cell/Mobile#)

ADDRESS (Current):

(Street)	(Apt#)

(City)	(State)	(Zip)

ADDRESS (Past three years if different than current):

(Street)	(Apt#)

(City)	(State)	(Zip)

PERSONAL INFORMATION:

(Date of Birth)	(SS#)	(Place of Birth – City/State)

EMPLOYMENT INFORMATION (Current):

(Name of Employer)		
(Employment Dates)	(Address)	(Phone)
(Emergency Contact)	(Phone#)	

EMPLOYMENT INFORMATION (Past three years if different than current):

(Name of Employer)		
(Employment Dates)	(Address)	(Phone)
(Emergency Contact)	(Phone#)	

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Description of Vehicle:

(Make)	(Model)	(Color)
(Year)	(License Plate Number)	

Description of subject matter being solicited:

Names of magazines, books, or journals to be sold (if applicable):

Name of three most recent communities solicited (if applicable):

Have you previously applied for a solicitors permit in the City of Sandy Springs?

_____YES (Date Applied for)_____ _____NO

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

_____YES (Date of Conviction)_____ _____NO

I do hereby swear/affirm that the information I have provided is true and correct. I understand that falsification of any information provided to the Sandy Springs Police Department will result in the immediate declination or revocation of any permit issued. Furthermore, criminal and/or civil penalties may be pursued as a result of purposely providing any false information.

"I understand that all payment of fees associated with this permit application are non-refundable and in no way guarantee the issuance of any permit".

Signature	Printed Name	Date
Signature of Clerk	Printed Name	Date

SANDY SPRINGS
GEORGIA

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

☐ 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

☐ Occupational Tax Certificate *(i.e. Business License)* for _____
Print Business Name

☐ Massage/Spa Permit for _____
Print Business Name

☐ Boot Permit/Vehicle Immobilization Service for _____
Print Business Name

☐ Door-to-Door Salesman/Solicitors Permit for _____
Print Business Name

☐ 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 if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: http://law.ga.gov/immigration-reports.

***Documents must include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

***Documents must include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

_____ _____
Applicant Signature* Date

Subscribed and sworn to before me:

_____
(Clerk/Notary Public)

This _____day of _____, 20 _____ My commission expires: _____

Revenue Division, 1 Galambos Way, Sandy Springs, GA 30328
620 Morgan Falls Rd, Sandy Springs, GA 30350
Telephone 770-730-5600 www.sandyspringsga.gov

SANDY SPRINGS
GEORGIA

POLICE DEPARTMENT

620 Morgan Falls Rd, Sandy Springs, GA 30350 * Phone 770.551.6900
www.sandyspringsga.gov

Consent Form for GCIC Records Check

I authorize the SANDY SPRINGS POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

DATE_____

PRINT FULL NAME_____

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO_____
ARE YOU A U.S. CITIZEN? YES_____ NO_____

If no, you will need to have your Green Card available.

Country of Birth: _____

DATE OF BIRTH_____RACE_____SEX_____SS#_____

STREET ADDRESS_____

CITY_____COUNTY_____STATE_____ZIP_____

SIGNATURE OF APPLICANT_____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

_____

Office use only: **COMMUNICATIONS OFFICER:**		**DATE COMPLETED:**	
RECORD ATTACHED:		**NO RECORD:**	