



**Carrollton Police Department
Peddling/Solicitation Permit
Application**

Check One

Peddling: Selling goods or services complete pages 1 & 4

Solicitation: Requesting Donations complete pages 2, 3 & 4

Applicant Information

	First	Middle Int.	Last
Name (First Middle Last):			
Local Address:			
Permanent Address:			

Height:		Weight:		Age:	
Social Security:		Race:		Sex:	
Cell Phone:		Home Phone:		DOB:	

Peddling Permit Section

Name of Organization:

City/State/Zip:

Headquarters Address:

Physical Address:

Email:

Web Address:

Member of the Better Business Bureau? Yes / No (Circle One)

What state is the business registered in?

How many employees are employed by organization/business?

Do you currently hold a business license in the state of Georgia?

Have you applied here recently? Approved Yes / No

Vehicle Description:

Year:		License Plate:	
Make:		License Plate State:	
Model:			

Peddling Activity (include type of business):

Goods/Services to be sold:

Duration of Peddling license:

	Start	Finish
Two Days:		
Six months:		
Other:		



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Solicitation Permit Section

Charitable Organization? Yes / No Date:

Type of Organization: (choose one)

Yes / No Organization qualified under Section 501 c of the Internal Revenue Code of 1986 (certification from IRS must be submitted with the application for Event Permit)

Yes / No Non-profit corporation registered in Georgia (certification from the Georgia Secretary of State must be provided with the application for Event Permit)

Yes / No Church

Yes / No Public or Private School

Name(s) of organizers: (Must provide photocopy of unexpired driver's license or other official photo identification of each organizer) Attach additional pages if necessary.

Name:(First,Middle,Last)				
Address:				
Height:		Weight:		Race:
Social Security #:		Sex:		
Cell Phone:		Age:		
Office/Work Phone:		DOB: mm/dd/yy		

Name:(First,Middle,Last)				
Address:				
Height:		Weight:		Race:
Social Security #:		Sex:		
Cell Phone:		Age:		
Office/Work Phone:		DOB: mm/dd/yy		

If the event is to held on behalf of any person or organization other than the applicant, a communication in written form from that person or organization authorizing the applicant to apply for the Event Permit.

Date & Time(s) of proposed activity:	Start	End

Describe Solicitation Activity:

Specific location(s) for event, including specific intersections, and number of solicitors at each such local



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Names of all participants proposed to be solicitors and their ages:

NOTE: If any solicitors are under the age of 18, the names and addresses of adult supervisors; one adult supervisor per four solicitors under the age of 18 is required:

Name (First, Middle, Last)	Age

Vehicle Description driven by solicitor:

Year:	<input type="text"/>	License Plate:	<input type="text"/>
Make:	<input type="text"/>	License Plate State:	<input type="text"/>
Model:	<input type="text"/>		

The submission of this application shall be considered to be consent by the applicant for a background check to be run by the Police Chief at his or her discretion on any person named on the application.

I certify that the statements and answers, made by me in this application, are true, complete and correct to the best of my knowledge and beliefs and are made in good faith. I understand that false statements contained herein are sufficient grounds for the rejection of this application.

Applicant's signature

Date of application

Approved Yes / No

Restricted Permit Yes / No

Chief of Police

Date of approval

CARROLLTON MUNICIPAL COURT

(770) 834-4451 • FAX: (770) 836-4235
E-mail: yrobinson@carrollton-ga.gov



P. O. BOX 1949
CARROLLTON, GEORGIA 30112

YVONNE ROBINSON,
TERMINAL AGENCY COORDINATOR

OFFICE OF THE CLERK OF COURT

Carrollton Police Department NCIC/GCIC Criminal History Consent Form

I hereby authorize _____ to receive any Criminal History Record information pertaining to me, which may be in the Files of any State or Local Criminal Justice Agency in Georgia.

A NCIC/GCIC Record Check has been performed on the following individual. This record check is complete and accurate according to the records available to the Carrollton Police Department.

_____, _____, _____
LAST FIRST MIDDLE

_____, _____, _____, _____, _____
ADDRESS CITY STATE ZIP

SSN _____ RACE/SEX _____ DOB _____

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code "M")
- Employment with elder care (Purpose code "N")
- Employment with children (Purpose code "W")

One of the following must be checked:

- This authorization is valid for 90 / 180 / _____ (circle one) days from date of signature.
- I, _____, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

I swear and/or affirm that the information provided in this application is true and accurate.

Signature

State of Georgia, County of Carroll

Signed before me on _____ of _____, 20____

NOTARY _____ DATE _____

Operator Who Ran Record Check _____