

## Door-to-Door Sales Permit Application

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Updated SEPT 2023

## NOTICE TO APPLICANT

In order to process this application, it must be complete.

- 1. Attach the Private Employer Affidavit; must be notarized.
- 2. Attach the Affidavit Verifying Status for City Public Benefit Application; must be notarized.
- 3. Attach copy of at least one (1) secure and verifiable document (driver's license, passport or I-551 permanent resident card). See link for complete list of acceptable forms of identification: https://law.ga.gov/immigration- reports.
- 4. Attach photograph; shall be at least two by two (2x2) inches.
- 5. Attach copy of credential or document verifying the relationship and length of time with current Business/Employer being represented.
- 6. Submit fingerprints using the Georgia Applicant Processing Service (GAPS) through Fieldprint.

  Instructions are attached. Provide GAPS receipt number: \_\_\_\_\_\_ and date: \_\_\_\_\_\_\_
- 7. For each person licensed under O.C.G.A Title 43 of the state license examining boards, attach copy of proper and current state licensure.
- 8. Provide payment for permit. Each application requires an Administrative Fee of \$25 plus the fees as set forth here: Annual Base Fee (per solicitor): \$200 / Per Solicitor, per day: \$50
- 9. Once above items are complete, return all documentation to Business Registration on the second floor of City Hall. If documentation and payment are complete, the application will be reviewed, processed, and a permit will be issued within ten (10) business days. **Permit valid for 30 days only.**

OFFICE USE ONLY					
Date Received:	Received by:	Fee Paid: \$			
License:	Date Issued:	Expiration:			
☐ Approved ☐ Denied By:		Date:			
pplicant Information  New Updating (previou	s application date:)	Request Time Period (max 30 days):			
Applicant Name	Applicant Email	Applicant Phone			
	ldress				



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	Height	Weight	Eye Color	Hair Color
Three Most Rece	ent Communities Soli	cited:		
1		2:	3:	
ısiness/Emplo	oyer Information			
Business/Employ	yer Legal Name			DBA (if different)
Business/Employ	Business/Employer Phone			
Business/Employ	ver Mailing Address (	if different)		
Employer Name	for Past Three Years	If Other Than Preser	nt Employer	
Employer Addres	ss for Past Three Yea	rs If Other Than Pres	ent Employer	
Description of St	ales (Solicitation)			
Description of 36	to Bo Cold			Method of Operation
Names of Items	to be solu			
	Make	Model	Trim Level	License Plate Number
Names of Items Vehicle Year			Trim Level	License Plate Number



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Applicant Na	ame	Applicant Signature	Date
certify that conduct the	I am the person duly authori	zed to make application for a	City of Pooler, Georgia, I, the undersigned a Door to Door Permit Registration to ture below, I affirm that the information
	olicant ever been convicted of a regulations or ordinance?	felony, a crime of moral turpi	tude, or any other violation of any state or
Affidavit			
□ No □	Yes (explain:		)
	olicant or any business or entity or revoked by any government		ever had any similar solicitation permit
□ No □	Yes (explain:		)
	olicant or any business or entity mental agency for false adverti		ever been the subject of an investigation by or unfair business practices?