



Door-to-Door Sales Permit Application

Page 1 of 3

Updated **FEB 2025**

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 Identogo. 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: _____

Applicant Information

New Updating (previous application date: _____) Request Time Period (max 30 days): _____

Applicant Name Applicant Email Applicant Phone

Applicant Present Residential Address



Door-to-Door Sales Permit Application

Page 2 of 3

Updated **SEPT 2023**

Applicant Residential Address During Past 3 Years (of other than above)

Age	Height	Weight	Eye Color	Hair Color
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Three Most Recent Communities Solicited:

1. _____ 2: _____ 3: _____

Business/Employer Information

Business/Employer Legal Name	DBA (if different)
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Business/Employer Physical Address	Business/Employer Phone
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Business/Employer Mailing Address (if different)

Employer Name for Past Three Years If Other Than Present Employer

Employer Address for Past Three Years If Other Than Present Employer

Description of Sales (Solicitation)

Names of Items to Be Sold	Method of Operation
---------------------------	---------------------

Vehicle Year	Make	Model	Trim Level	License Plate Number
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Proposed Route, Including Streets to Be Visited Each Day

Disclosure

Has the applicant ever been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law, regulations or ordinance?

No Yes (explain: _____)



Door-to-Door Sales Permit Application

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Updated **SEPT 2023**

Has the applicant or any business or entity represented by the applicant ever been the subject of an investigation by any governmental agency for false advertising deceptive trade practices, or unfair business practices?

No Yes (explain: _____)

Has the applicant or any business or entity represented by the applicant ever had any similar solicitation permit suspended or revoked by any governmental agency for any reason?

No Yes (explain: _____)

Affidavit

Has the applicant ever been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law, regulations or ordinance?

In accordance with the Chapter 12 of the Code of Ordinances of the City of Pooler, Georgia, I, the undersigned certify that I am the person duly authorized to make application for a Door to Door Permit Registration to conduct the above-described business in the City of Pooler. By signature below, I affirm that the information provided is true, correct, and complete.

Applicant Name

Applicant Signature

Date



GAPS-FINGERPRINTING SCHEDULING INSTRUCTIONS

Step 1: Go to GAPS Website: <https://ga.state.identogo.com> .

Step 2: Enter Service Code: **2TGR22 (alcohol licenses)** or **2TGQ6H (Door to Door soliciting)** and click “ Get Started

GEORGIA Enrollment & Fingerprinting Services



Enrollment for Licensing, Certification, or Employment requirements in Georgia

IdentoGO by IDEMIA is the leading biometric solutions provider for state and local agencies, specializing in the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes.

Enter your service code to get started.

GA Residents: Enter your service code below to start your enrollment process and schedule an appointment at an in-state enrollment center.
Non-GA Residents: Select Mail in Physical Fingerprint Card option under Additional Services section below.
Don't know your service code? Click [here](#) or contact your agency or employer.

Service Code*

GET STARTED >

Pooler Service code: 2TGR22

User navigates to new GAPS website; enters the provided Service Code and clicks “GET STARTED” button to begin registration process.

Additional Services

To look up an existing registration status or make changes to your appointment, please select 'Reschedule or Manage Appointment.' For all other services, make a selection below. Applicants that do not reside in Georgia should choose the Mail-In Physical Fingerprint card option below.



Check Enrollment Status



Reschedule or Manage Appointment



Mail-in Physical Fingerprint Card



Schedule a Reprint Appointment

Step 3: Under “ Requesting Agency” , input the following : GA923329Z. The click “Continue”.

Georgia

Enrollment Service Lookup

You have chosen to start an enrollment in Example Georgia Service.

If your agency provided a Requesting Agency ID number, enter it below and select Continue. If you were not provided a Requesting Agency ID number, leave it blank and select Continue.

CANCEL

CONTINUE >

Step 4: Verify that this same information shows, Click “ Start Enrollment”.

Georgia
Enrollment Service Lookup

Based on your inputs, the following service information is available.

AGENCY:

Georgia City/County Government & Law Enforcement Agencies

REASON FOR FINGERPRINTING:

Alcohol/Liquor Licensee

REVIEWING AGENCY:

GA923329Z - CITY OF POOLER

SERVICE CODE:

2TGR22

CANCEL

< BACK

START ENROLLMENT



Step 5: Check the “I acknowledge that I have read, understand, and agree to the above Statement” button, and click “Continue”.

Georgia Example Agency Name
Georgia Example Applicant Service

1 Privacy Statement 2 Information 3 Review

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR) 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the CBI website: <https://cbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>
- Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://cbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purpose and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

TO USE THIS SERVICE, YOU CERTIFY UNDER PENALTY OF LAW, THAT YOU ARE THE SAME PERSON WHO IS BEING FINGERPRINTED, WHO IS REVIEWING ALL OF THE APPLICABLE NOTICES AND COMPLETING THE APPLICABLE FORMS. IT IS STRICTLY PROHIBITED FOR ANYONE ELSE TO PROCEED FURTHER EXCEPT THE PERSON WHO IS BEING FINGERPRINTED, UNLESS YOU HAVE WRITTEN APPROVAL FOR SPECIAL CIRCUMSTANCES, SUCH AS A DISABILITY, FROM IDEMA OR THE REQUESTING ORGANIZATION/AGENCY.

I acknowledge that I have read, understand, and agree to the above Statement.

[DOWNLOAD](#)

[CANCEL ENROLLMENT](#) [CONTINUE](#)

User acknowledges that you have read the statement and agree by checking the box, and then click “CONTINUE”.

Step 5: Enter all the Demographic information requested on Page 1 & 2, Click “Continue.”

Privacy Statement Information Review

Personal Information * Required fields

Name
Legal name must match exactly on all identification documents brought to enrollment.

First Name* Middle Name Last Name* Suffix

Have you ever used an alias?
 Yes No

Have you ever used a maiden or previous name?
 Yes No

SSN
Social Security Number

Biographic Information

Date of birth*

Gender* Hair Color* Eye Color*

Race*

US Metric

Height (ft)* Height (in)* Weight (lbs)*

Citizenship

Country of Birth* City of Birth

Country of Citizenship*

Demographic entry,
partial screen, screen 1
of 2.

Step 6: On page 2 of the Demographic information, when you are finish entering all the information, Click “Review”.

Residential Address

Country* Address Line 1* Address Line 2 (optional)

City* Postal Code*

Is your residential address and mailing address the same? *

Yes No

Employer

Employer Name

Occupation/Position

Employer Address

Country Address Line 1 Address Line 2 (optional)

City Postal Code

Contact

Remember the email address and phone number below, as they will be used to look-up application information during your in person appointment and to check your status online. **Email is recommended so we can provide a receipt and keep you updated.**

Email* Confirm Email*

Sign up for Text Alerts (US Country Code required. Standard text messaging rates will apply).
Text alerts will supplement our default notifications by sending you appointment reminders, renewal, or action based notifications directly to your mobile devices.

Main phone country code Main phone number

United States (+1)

Alternate phone country code Alternate phone number

United States (+1)

Preferred method of contact* Preferred language*

Email

CANCEL ENROLLMENT

Demographic entry,
partial screen, screen 2
of 2.



Step 7 : Review all the information. Edit information if needed, once submitted, the information may not be changed.

Georgia Example Applicant Service

● Privacy Statement — Information — ● Review

1 Please review and submit your application
Your application has not been submitted yet. Please review and submit it below.

Review Enrollment Application

Personal Information

[EDIT INFORMATION](#)

Please review your personal information below. Legal name must match exactly on all identification documents brought to enrollment.

NAME & BIOGRAPHICS

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
Sample Data	Sample Data	Sample Data	
GENDER	DATE OF BIRTH	EYE COLOR	HAIR COLOR
Sample Data	Sample Data	Sample Data	Brown
HEIGHT(FT)	WEIGHT(LBS)	WEIGHT(LBS)	
Sample Data	0"	Sample Data	
CITIZENSHIP			
COUNTRY OF CITIZENSHIP			
Sample Data			
COUNTRY OF BIRTH	CITY OF BIRTH	STATE/PROVINCE OF BIRTH	
Sample Data		Sample Data	
RESIDENTIAL ADDRESS			
COUNTRY OF RESIDENCE	STATE/PROVINCE	CITY	POSTAL CODE
Ramelo Pata	Ramelo Pata	Ramelo Pata	Ramelo Pata
ADDRESS LINE 1	ADDRESS LINE 2		
Sample Data			
E MAIL ADDRESS	PHONE COUNTRY CODE	MAIN PHONE NUMBER	
Sample Data	United States (+1)		

Review your enrollment information and verify it is correct. If you must make any corrections use the Edit Information at the right-hand side. Note: Once you submit enrollment, you will be unable to change the information provided.

[CANCEL ENROLLMENT](#)

[← BACK](#) [SUBMIT ENROLLMENT](#)



Step 8: Application confirmation. Inform the Business Registration office that your application has been submitted it can be approved.



Your registration information has been submitted to the appropriate agency for approval. You will receive additional instructions through the email address provided.


Step 9: Once we have approved the application, you will receive an email with instructions to schedule the fingerprint appointment.


SCHEDULE APPOINTMENT

ENROLLMENT DETAILS

UEID	AGENCY / ORI	SERVICE
Example UEID	Example Agency	Georgia Example Applicant Service

To check your application status or cancel your request, please follow the link below.

 Check Enrollment Status

 Look Up Or Change Existing Appointment

Thank you,
The IDEMIA team

IdentoGO
by IDEMIA

Once approved, you will receive an email instructing you to schedule your appointment. You may click on the link provided. Be sure to note your UEID, as that is the assigned registration number in the new solution.

Step 10: Schedule an appointment by logging in <https://ga.state.identogo.com>, and using: Date of birth, Last name and UEID #

GEORGIA
Enrollment & Fingerprinting Services

Enrollment for Licensing, Certification, or Employment requirements in Georgia

GAPS
GEORGIA APPLICANT PROCESSING SYSTEM
for fingerprint background checks

Service & Appointment Management
To look up previous enrollments and manage upcoming appointments, please enter your information below.

Notice
Information entered below must match information provided during pre-enrollment.

PHONE NUMBER EMAIL ADDRESS UE ID

Date of birth *

Last Name*

UE ID*
exampleUEID

CANCEL CONTINUE >

To look up an existing registration status or make a selection below. For all other services, make a selection below.

Check Enrollment Status

Schedule a Reprint appointment

User will enter your date of birth and last name along with the assigned UEID in order to retrieve the registration and continue.
Note: There are options for looking up by phone number and email address as well.

Georgia Example Agency Name

Georgia Example Applicant Service

1 Schedule Appointment

2 Review

3 Payment & Confirmation

Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest Show soonest available

Search by state/city or account code*

Sample ZIP CODE

X

Radius*

10 miles

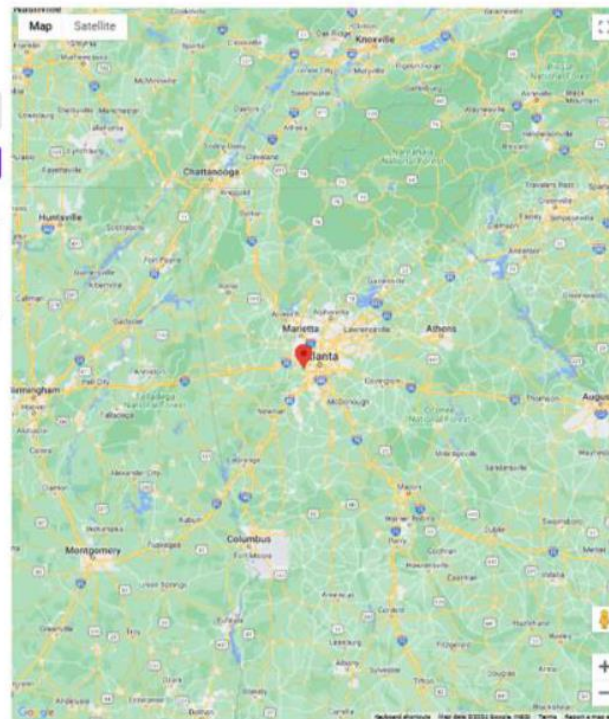
SEARCH

Example Enrollment Center
Address, City, State ZIP
Next Available Appointment: Day Time

10.8 miles

Example Enrollment Center
Address, City, State ZIP
Next Available Appointment: Day Time

10.8 miles



User will enter a city, state, and/or ZIP code in the location search field. From the displayed choices, click on the location that you would like to be fingerprinted at.

Georgia Professional Standards (GPS)

School Employment - Public Schools

1 Schedule Appointment

2 Review

3 Payment & Confirmation

Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest Show access available

Search by address, city or zip code
30302 10 miles

SEARCH

Just Peachy Home Care LLC
100 Fairburn Rd Ste B1, Atlanta, GA 30329
Next Available Appointment: 5/24/24 at 10:30 AM

10.0 miles

05/24/24

Schedule Appointment

Date

06/24/2024

[5/24/24 at 10:30 AM](#)

[5/25/24 at 11:00 AM](#)

[5/24/24 at 11:30 AM](#)

[5/24/24 at 12:00 PM](#)

[Show more appointments](#)

Location Hours

Monday: 09:30AM - 04:30PM

Tuesday: 09:30AM - 04:30PM

Wednesday: 09:30AM - 04:30PM

Thursday: 09:30AM - 04:30PM

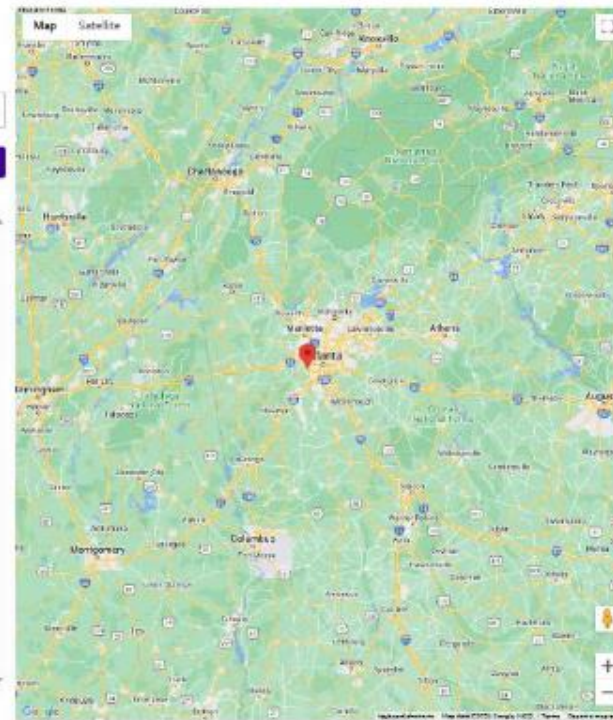
Saturday: 09:30AM - 12:30PM

Just Peachy Home Care LLC

100 Fairburn Rd Ste B1, Atlanta, GA 30329

Next Available Appointment: 5/24/24 at 10:30 AM

10.0 miles



Select
appointment
Date and Time

Georgia Example Agency Name
Georgia Example Applicant Service

1 Schedule Appointment 2 Review 3 Payment & Confirmation

Schedule Appointment

Find a convenient time and place for you to complete your in-person enrollment appointment. If you're not ready to schedule at this time, you can also walk-in to a center at your earliest convenience. Please note that scheduled appointments will be prioritized.

Select a location near you

Show closest Show soonest available

Search by zipcode, city or nearest center*
Sample ZIP CODE 10 miles

SEARCH

Example Enrollment Center
Address, City, State ZIP
Next Available Appointment: Day Time

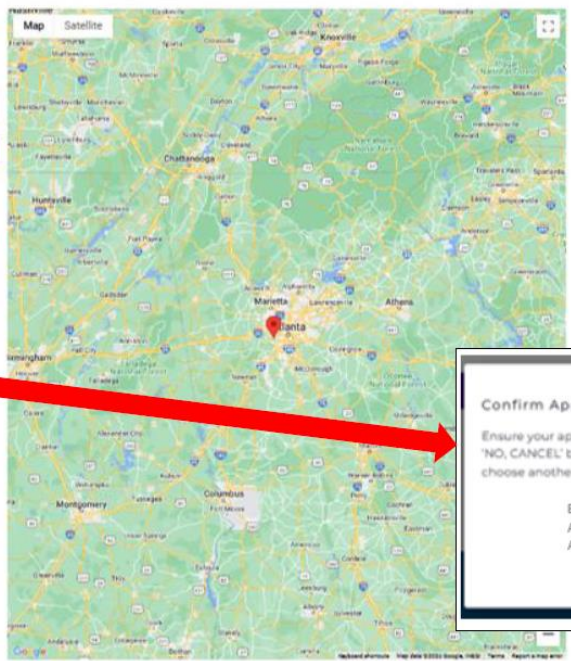
details

Confirm Appointment

Example Enrollment Center
Address, City, State ZIP
Appointment: Day Time

Location Hours
Monday: 09:00AM - 05:00PM
Tuesday: 09:00AM - 05:00PM
Wednesday: 09:00AM - 05:00PM
Thursday: 09:00AM - 05:00PM
Friday: 09:00AM - 05:00PM

Example Enrollment Center
Address, City, State ZIP
Next Available Appointment: Day Time



Click "Confirm" to continue after you have selected your appointment. Once you click confirm, you will be presented with one additional confirmation button.

Confirm Appointment

Ensure your appointment location and time are correct. Use the 'NO, CANCEL' button to edit this appointment. If you would like to choose another appointment, select the 'X'.

Example Enrollment Center
Address, City, State ZIP
Appointment: Day Time



Georgia Example Agency Name

Georgia Example Applicant Service

Schedule Appointment — Review — Payment & Confirmation

Please review and submit your application
Your application has not been submitted yet. Please review and submit it below.

Review Enrollment Application

Appointment Details

Please review your scheduled appointment below.

[EDIT INFORMATION](#)

APPLICATION TYPE

Georgia Example Applicant Service

DATE AND TIME

Appointment Day and Time

APPOINTMENT LOCATION

Example Enrollment Center address info

[CANCEL ENROLLMENT](#)

[← BACK](#)

[CONTINUE TO PAYMENT >](#)

Review your appointment information and verify it is correct. If you must make any corrections use the Edit Information at the right-hand side.

IdentoGO

by IDEMA

IdentoGO by IDEMA provides a wide range of identity-related services with our primary service being the secure capture and transmission of electronic fingerprints for employment, certification, training and other verification purposes.

About

IDEMA North America
IdentoGO by IDEMA
[Terms of Service](#)
[Privacy Policy](#)
[CONTACT US](#)

Georgia Example Agency Name

Georgia Example Applicant Service

Schedule Appointment Review **Payment & Confirmation**

Payment

PAYMENT METHOD

- Credit Card
 eCheck

Service fee descriptions

TOTAL

\$00.00

If you have a payment voucher or coupon code, enter it below before continuing.

Payment Code

APPLY

CANCEL ENROLLMENT

< BACK

PAY AND SUMMIT

Payment entry screen, user will be prompted to enter payment information if applicable.

Enrollment Payment

Amount \$00.00

Name

Card Number

Exp Month Exp Year Exp Code

Address

Secondary Address

City State/Province Postal Code

Email

IdentoGO
by IDEMIA

IdentoGO by IDEMIA provides a wide range of identity-related services with our primary service being the secure capture and transmission of electronic fingerprints for employment, certification, training and other verification purposes.

About
IDEMIA North America
IdentoGO by IDEMIA
Terms of Service
Privacy Policy
Contact Us

Georgia Example Agency Name

Georgia Example Applicant Service

Notice x

Please arrive on-time and be ready to provide your required documentation and be fingerprinted. You'll need to attend an appointment and complete your enrollment within 120 days of this application.

Your application has been submitted!

A confirmation e-mail has been sent to [Example email address](#). You may look-up your appointment details in the future by entering your contact details or your UE ID on the home page.

Appointment Details

SERVICE CODE	OB / AGENCY	APPOINTMENT LOCATION
Example Service	Example Agency	Example Enrollment Center information
APPLICATION TYPE	DATE AND TIME	
Georgia Example Appt/Exam Service	Appointment Day Time	

List Of Acceptable ID Documents

One of the following Primary Documents will be accepted at the GAPS Print Locations:

- Driver's License issued by a State or outlying possession of the U.S
- Driver's License PERMIT issued by a State or outlying possession of the U.S
- Driver's License PAPER/TEMPORARY issued by a State or outlying possession of the U.S
- Enhanced Driver's License (EDL)
- Commercial Driver's License issued by a State or outlying possession of the U.S
- Commercial Driver's License PERMIT issued by a State or outlying possession of the U.S
- ID card issued by a federal, state, or local government agency or by a Territory of the United States
- Enhanced Tribal Identification Card (for federally recognized U.S. tribes)
- Department of Defense Common Access Card
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coastguard Merchant Mariner Card
- Military Dependent's Identification Card
- U.S. Passport
- Foreign Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Employment Authorization Card/Document (I-766) that contains a photograph
- Canadian Driver's License
- Foreign Driver's License (Mexico and Canada Only)
- U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States

Confirmation Details

UE ID	TOTAL DUE
Example UEID	\$0.00

At the time of person enrollment, you'll need to pay the non-refundable fee with a credit card, money order, company check or certified/cashier's check. Cash is not accepted and the cardholder must be present at the time of payment. If you have received a coupon code or voucher, present it during payment.

[PRINT PAGE](#) [DOWNLOAD](#)

[RETURN TO HOMEPAGE](#) >

Your application has been completed and summary information provided onscreen. You may print this page or download a copy of this information by using the buttons on the lower left. You will then visit the selected Enrollment Center at the appropriate day and time. This information will also be emailed to the provided email address.