



City of Acworth
 4415 Senator Russell Avenue, Acworth, GA 30101
 770-974-3112 – 770-917-0590 (Fax)
www.acworth.org

Solicitation Fee \$35.00

Time Limit: 30 Days

CHARITABLE SOLICITATIONS AND PEDDLERS PERMIT APPLICATION

Business Name _____

Business Address _____

City/ State/ Zip _____ Phone _____

Fax No. _____ Email Address _____

Name of Applicant _____

Home Address _____

Phone _____ SSN# _____

Make, Year, and Model of Vehicle _____

Driver's License No. _____ Issuing State _____

Please check one of the following:

() Charitable Organization () Business Solicitor () Door-to-Door Solicitor () Fundraising Council

Nature of goods, wares, merchandise, services, or other things of value:

Proof of association with business or Charitable Organization (required):

Proof of tax exempt status: _____

List all persons assisting in the soliciting, or calling from house to house in the City of Acworth. (The number of solicitors, canvassers or callers from house to house in the city for any single firm, corporation or organization shall not exceed 25 at any one time.)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____



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- 9. _____ 18. _____
- 10. _____ 19. _____
- 11. _____ 20. _____
- 12. _____ 21. _____
- 13. _____ 22. _____
- 14. _____ 23. _____
- 15. _____ 24. _____
- 16. _____ 25. _____
- 17. _____

Attach a separate sheet if more space is needed to provide additional information. Identity cards issued by the Acworth Police Department must be worn at all times while soliciting. The hours for soliciting are 9:00 a.m. to 8:00 p.m., Monday through Saturday, and 1:00 p.m. to 6:00 p.m. on Sunday. Permits expire after thirty (30) days from issuance.

Dates and Locations of Solicitation:

I understand that the permit is a privilege and it may be revoked at any time. I am also aware that soliciting or canvassing outside the allowed hours can result in revocation of this permit and/ or a citation. In addition, I understand that my business must conform to all rules and regulations of the City of Acworth Code of Ordinances and that I must produce a copy of this permit and/or the identity card upon request.

Print Name of Applicant:

Date:

Applicant Signature:



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Receipt No.: _____

Permit Issued by: _____ Date: _____

****Do not begin soliciting until your application has been approved and the identity card is issued.**



Acworth Police Department Consent Form



I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency.

Full Name (print)

Maiden Name / Previous Name / Alias

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

- Race: A – Asian, Asian Indians, & Other Non-Whites
 I – American Indian or Alaskan Native
 B – Black
 W – White (Includes Mexicans & Latins)
 U – Unknown / Other

- Sex: Male
 Female

Signature

Date

Signed and sealed on the _____ day of _____, _____

Notary

Seal

Official Use Only

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')

GCIC Operator Signature

Date

Record Attached

- FBI Number Checked
 State ID Number Checked

No Record



Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Acworth, Georgia, Business License or Occupation Tax Certificate, Alcohol License Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, I am stating the following with respect to my application for a City of Acworth, (check one of the following):

- | | |
|---|---|
| <input type="checkbox"/> Business License or Georgia Occupational Tax Certificate | Miscellaneous Licenses (check one below): |
| <input type="checkbox"/> Alcohol Beverage License | <input type="checkbox"/> Auctioneers |
| <input type="checkbox"/> Taxicab License | <input type="checkbox"/> Pawn Brokers |
| <input type="checkbox"/> Insurance Company License | <input type="checkbox"/> Massage Therapists |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Billiard Rooms Operations |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit (indicate, if not listed above) _____ | <input type="checkbox"/> Flea Markets |

Name of Business _____

Check only one:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this ____ day of _____, 20__ in _____ (city), _____ (state).

**SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20__**

Signature of Applicant

Notary Public _____

Printed Name of Applicant

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: