



SANDY SPRINGS

GEORGIA

POLICE DEPARTMENT

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

OFFICE USE ONLY

RECEIPT #

CARD#

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)
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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



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: _____



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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:	