CITY OF CEDARTOWN

201 East Avenue Cedartown, Georgia 30125
Telephone (770) 748-3220 ♦ Fax (770) 748-8962

PEDDLERS AND TRANSIENT MERCHANT APPLICATION

Date: _____ License No. _____ NAICS #: _____

Legal Name of Business: _____

Any Associated Trade Names: _____

Business Location: _____
Street Address City State Zip Code

Mailing Address: _____
Street Address City State Zip Code

Local Business Telephone #: (_____) _____-_____ E-Mail: _____

Business Owner: _____

Owner's Address: _____
Street Address City State Zip Code

Owner's Telephone #: (_____) _____-_____ E-Mail: _____

Description of Business: _____

Products Sold: _____

PLEASE NOTE: A FOOD SERVICE PERMIT IS ***REQUIRED* IF SERVING FOOD OF ANY KIND**

Classification of Business:

( ) Peddler – Calendar Year License	**( ) Transient Merchant – Not to Exceed 45 Days**

Please Provide <u>One</u> of the Following:

Federal I.D.:	**SSN:**

List All Salespeople Working in Cedartown:

_____ _____

_____ _____

_____ _____

REQUIRED FOR EACH:

- ✓ **Color copy of driver's license/identification AND Social Security card must be included**
- ✓ **Criminal background check through Cedartown Police Department**

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PEDDLERS AND TRANSIENT MERCHANT APPLICATION

(CONTINUED)

Please Provide Three (3) References for your Business (Including Telephone Numbers):

1. **_____ (_____) _____-_____**
2. **_____ (_____) _____-_____**
3. **_____ (_____) _____-_____**

Please review the following, and sign below:

Failure to comply with regulations may result in revocation of business license. It is unlawful to conduct a business within the City of Cedartown without a business license.

Please note, a one (1) to five (5) business day waiting period applies, and my application must be reviewed and approved by <u>both</u> City Manager and Chief of Police.

I certify that the information contained herein, to the best of my knowledge, is true and correct. I also certify that I have received copies of rules & regulations and I understand there may be other city ordinances, State & or Federal laws that may apply.

<u>I have also attached a copy of my U.S. Identification and any proof of licensing or State of Georgia Certificate of Registration, if applicable.</u>

_____ _____

Signature of Applicant ***Date***

Occupational Tax & Fees

<u>Peddler:</u>	**<u>Transient Merchant</u>**
$50.00 Non-Refundable Background Fee ***(per employee)***	**$50.00 Non-Refundable Background Fee** ***(per employee)***
$225.00 Occupational Tax Due ***(if approved)***	**$125.00 Occupational Tax Due** ***(if approved)***

<u>Office Use Only</u>

City Manager: _____ **Chief of Police: _____**
Signature *Signature*

☐ **Approved**	☐ **Approved**
☐ **Denied**	☐ **Denied**
Notes:	**Notes:**

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PROPERTY AUTHORIZATION FORM

Applicant Name: _____ Business Name: _____

I, _____, hereby certify that the above-named applicant
(Property Owner – Print Name)

has been in contact with me and requested my permission for use of my property located at

_____
Street Address *City* *State* *Zip Code*

more commonly known as _____
(*Name of Business)*

for the period of time from _____/_____/_____ to _____/_____/_____.
Begin Date *End Date*

_____ _____/_____/_____
Signature of Property Owner *Date*

_____ (_____) _____-_____
Printed Name of Property Owner *Phone Number*

Office Use Only

Received By: _____	*Date Received: ____/_____/_____*

State of Georgia
Department of Revenue

1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF CEDARTOWN, GEORGIA

MUST BE NOTARIZED

By Executing This Affidavit Under Oath, As An Applicant For A City of Cedartown Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or Other Public Benefit For:

_____
[Name Of Natural Person Applying On Behalf Of Individual, Business, Corporation, Partnership, or Other Private Entity]

1) _____ I Am A United States Citizen
OR
2) _____ I Am A Legal Permanent Resident 18 Years Of Age Or Older Or I Am Otherwise Qualified Alien Or Non-Immigrant Under The Federal Immigration And Nationality Act 18 Years Of Age Or Older And Lawfully Present In The United States.

2a) Date of Birth: _____/_____/_____

2b) _____
*Alien Registration Number For Non-Citizens

_____

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 Code Section16-10-20 Of The Official Code Of Georgia.

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

_____
****Please submit a copy of the secure and verifiable document along with application****

_____
Signature of Applicant

_____
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF _____, 20_____

_____
Notary Public
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:**

_____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. §36-60-6(d)
CITY OF CEDARTOWN, GEORGIA

MUST BE NOTARIZED

CHECK ONLY ONE:

☐ By Executing This Affidavit, The Undersigned Private Employer Verifies Its **Compliance** With O.C.G.A. § 36-60-6, Stating Affirmatively That The Individual, Firm Or Corporation Has **Registered With And Utilizes The Federal Work Authorization Program Commonly Known As E-Verify**, Or Any Subsequent Replacement Program, In Accordance With The Applicable Provisions And Deadlines Established In O.C.G.A. § 36-60-6. Furthermore, The Undersigned Private Employer Hereby Attests That Its Federal Work Authorization User Identification Number And Date Of Authorization Are As Follows:

_____
Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

_____
Date of Authorization

_____
Signature of Authorized Agent

_____
Printed Name and Title of Authorized Officer or Agent

☐ By Executing This Affidavit, The Undersigned Private Employer Verifies That It Is **Exempt** From Compliance With O.C.G.A. §36-60-6, Stating Affirmatively That The Individual, Firm, Or Corporation **Employs Ten (10) Or Fewer Employees And Is Not Required To Register With And/Or Utilize The Federal Work Authorization Program Commonly Known As E-Verify**, Or Any Subsequent Replacement Program, In Accordance With The Applicable Provisions And Deadlines Established In O.C.G.A. § 36-60-6.

_____
Signature of Exempt Private Employer

_____
Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the forgoing is true and correct. Executed on _____, 20_____ in _____ (city),_____(state).

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____DAY OF_____, 20_____.

_____
NOTARY PUBLIC

My Commission Expires: _____

CEDARTOWN POLICE DEPARTMENT

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

Business Name: _____

I,_____, do hereby authorize a review of and full disclosure of all records concerning myself to any duty authorized agent of the City of Cedartown Police Department, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospital, clinics, private practitioners, and the U.S. Veterans Administration; employment and preemployment records including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest; and records of any criminal history with the Georgia Crime Information Center (GCIC) or National Crime Information Center (NCIC).

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, or in part, upon this release authorization, will be considered by the CPD in determining my suitability for a regulatory/peddlers license. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be insured as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

_____ ____/_____/_____

First Name **Middle Name** **Last Name** **Date of Birth**

_____ _____/_____

Maiden Name or Other Legal Name (if applicable) **Sex/Race**

_____ **Social Security Number: _____-_____-_____**

Street Address

_____ **Driver's License Number: _____**

City **State** **Zip Code**

_____

Other States Resided in Since 18 Years of Age

_____ _____

Signature **Date**

_____ _____

Witness **Date**

Confirmation of Required Documents

To be Completed By City Employee-- Office Use Only

Business Name: _____

Owner/Applicant

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**

Employee/Salesperson: _____

(NAME)

Criminal Background History

Completed By: **_____** **Date: _____/_____/_____**	**_____ No Criminal Record** **_____ Criminal Record Attached**

Criminal Background Review (Chief of Police or Designee)

_____ Approved **_____ Rejected**	**By:_____** **Date: _____/_____/_____**