Transient Merchant / Peddler / Solicitor Application

APPLICANT INFORMATION

Applicant: _____ **Date:** _____

Permanent Address & Phone: _____

Local Address & Phone: _____

If an individual — Date of Birth: _____ **Age:** _____ **SSN:** _____

IF A PARTNERSHIP OR CORPORATION

Corporation Name: _____

Corporate Address: _____

State & Date of Incorporation: _____

Federal Employer ID #: _____ **Georgia Sales Tax #:** _____

Ownership Information (list all owners, partners, or corporate officers, including the registered agent):

NAME	OWNERSHIP INTEREST	HOME ADDRESS	HOME PHONE #

Principal representative in the City of Waycross — Name: _____ **Home Address:** _____

Date of Birth: _____ **Age:** _____ **SSN:** _____

Employees working in Waycross:

NAME	HOME ADDRESS	HOME PHONE #

Business representative (if different from applicant):

Permanent Address:

Agent conducting sales, if any (name, address, phone):

Agent's Local Address & Telephone:

Type of merchandise or service offered for sale:

Place where business is to be conducted:

Dates, hours, and manner in which business will be conducted:

Georgia Sales Tax #: **Georgia License #:**

List each vehicle to be used in business:

MAKE	MODEL	STATE	TAG NUMBER

List all cities where business has been conducted by the applicant within the twelve (12) months immediately preceding this application:

List any and all felony criminal convictions involving moral turpitude within five (5) years prior to the date of this application:

References (list three, with addresses and telephone numbers):

NAME	ADDRESS	PHONE

By submission of this application, I acknowledge that I have read and understand the applicable provisions of the Code of Ordinances of the City of Waycross. All statements made in this application are true and complete to the best of my knowledge, and I authorize investigation of all statements contained herein.

Signature of Applicant: _____ **Date:** _____

INSPECTIONS & APPROVALS — OFFICE USE ONLY

Inspection Dept. — Approved/Denied By: _____ **Date:** _____

Fire Dept. — Approved/Denied By: _____ **Date:** _____

Tax Classification: _____ **Tax Rate:** _____ **SIC/NAICS Code:** _____