THE CITY OF HIRAM COMMERCIAL SOLICITING APPLICATION

ALLOW MINIMUM OF 10 DAYS TO REVIEW AND VERIFY DOCUMENTATION NO EXCEPTIONS

$50.00 APPLICATION FEE NON-REFUNDABLE
CASH, CHECK, OR MONEY ORDERS ONLY

FIXED LOCATION ☐

DOOR-TO-DOOR ☐

PLEASE NOTE: The Applicant is the Responsible Party requesting the permit and obtaining the required documentation. For door-to-door solicitors, the Applicant refers to the individual conducting the solicitations. The Titleholder is defined as the Property Owner/Manager.

- For door-to-door applicants, this application and permit apply only to the individual named in the application. If you are at a fixed location, the application and permit are specific to that location. Under no circumstances can any permits be transferred. Visiting any residence with a "NO SOLICITORS" sign is illegal. Additionally, if someone requests you leave their property, you must do so immediately.
- The applicant is responsible for understanding all relevant federal, state, and local regulations for the requested activity.

☐ Application
☐ S.A.V.E. Affidavit
☐ E-verify Affidavit
☐ Titleholder of property-If at a fixed location
☐ Criminal consent form
☐ A copy of the applicant's current driver's license
☐ If at a fixed location, plat or drawing of the property showing the setup of the sale, approved by the Paulding County Fire Marshal-770-222-1160. For events on the Corridor Overlay, please request a copy of the Corridor Overlay Ordinance to make sure you are in compliance with the requirements
☐ A copy of a valid occupation tax certificate issued to the business by a jurisdiction in Georgia; if the business does not have one, we will collect an occupation tax from the business-this requires additional documents
☐ $1000 surety bond (See City of Hiram Code of Ordinances 12-305 (b) for details)
☐ Proof of liability insurance, including $500,000 combined limit product liability and property damage (See City of Hiram 12-305(c) for details)
☐ Firework Stands: there is a $500.00 fee to be paid at the time of submittal of application (Separate check)
☐ Firework Sales may require permitting from the Paulding County Fire Department-770-222-1160 Signs may require permitting from the City of Hiram-770-943-3726, ext. 2004
☐ Contact Probate Court regarding requirement of a peddler's/itinerant merchant's license. 770-443-7541
☐ Each business/sale/activity/sole proprietor must be permitted separately.
☐ Construction &/or tent(s) larger than 10'x10' may require permitting from the Paulding Building Department-770-443-7571
☐ All activity related to the solicitation shall occur only between the hours of 9:00am and 8:00pm, Eastern Time.
☐ No business transaction and/or solicitation shall occur within 35 feet of any street, alley, road or highway.
☐ **If upon review by staff, the application is incomplete, missing required documentation, missing payment, or unclear, it will not be processed until all information is provided***
☐ If issued, the permit is good for a 14-day period. An applicant may only be issued one permit in a 6-month period. To obtain another permit after that time, the applicant must submit all required documents and fees.
☐ PREVIOUSLY ISSUED APPLICATIONS WILL NOT BE USED FOR RENEWAL OR SERVE AS AUTOMATIC RENEWAL.
☐ Permits issued must be posted in a visible location on site or on your person if going door-to-door.
☐ A viable permit is signed by the Chief of Police and is sealed with the City of Hiram Seal. Photocopies cannot be used in lieu of an original permit.

By signing this page you understand the requirements and agree to abide by all current ordinances and regulations regarding your permit to be issued. Failure to comply will result in immediate revocation of Permit.

Signature: _____ Date: _____

PLEASE PRINT ALL INFORMATION:
APPLICANT MUST COMPLETE PERSONAL/BUSINESS INFORMATION:

Person Completing Application/Responsible Party: _____

Address:_____City:_____State:_____Zip:_____

Responsible Person Contact Phone: _____

Business Name:_____Business Address: _____

Business Phone:_____Email Address:_____ Fax Number: _____

Current Business License Number and Issuing Jurisdiction: _____

Location of Property Where Sale is to be Conducted: _____
Ex: Address/Neighborhood/Shopping Center/Cross St

Will there be any tents at this location? If so, how many? _____What size? _____
(10'x10' or greater requires an additional permit)

Parcel ID No. for property:_____you must provide this number in order for permit to be considered)

Description of nature of business and goods to be sold: _____

REQUESTED START DATE:_____END DATE: _____

If a vehicle is to be used: Make:_____Model:_____Year:_____Color: _____

Tag Number:_____VIN: _____

Has the applicant ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance involving theft, deception or injury to persons? _____YES _____ NO

If yes, please provide the nature of the offense and the punishment/penalty assessed. _____

_____

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS,_____DAY OF_____IN THE YEAR _____

_____
Signature & Seal of Notary Public

TITLEHOLDER MUST COMPLETE INFORMATION: IF AT A FIXED LOCATION

Name of Property: _____

Contact Person at Titleholder Company:_____phone: _____

Address:_____City; _____State:_____Zip: _____

Titleholder contact Phone: _____

Signature must be Notarized/Application will not be accepted without notary signature

I, as titleholder/representative/approved agent, hereby grant permission for the above-referenced activity on my property and understand that the applicant may only be issued one permit in 6 months, for a maximum of 14 days per permit.

Titleholder Signature:_____Date: _____

Printed name of Titleholder: _____

SUBSCRIBED AND SWORN BEFORE ME

ON THIS,____DAY_____OF 20_____

_____

Notary Public Signature & Seal

City of Hiram Verification of Lawful Presence Affidavit
O.C.G.A. § 50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a _____
(Certificate or License)

as referenced in O.C.G.A. § 50-36-1, from **The City of Hiram, GA.** The undersigned applicant verifies one of the following with respect to application for a public benefit:

Choose 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 on this _____Day of _____, 20_____in (City) _____, (State) _____

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE & SEAL

City of Hiram Private Employer Affidavit

Pursuant to O.C.G.A § 36-60-6(d)

NAME OF PRIVATE EMPLOYER/BUSINESS _____

By executing this affidavit under oath**,** the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one

A. _____ On January 1st of the below-signed year, the individual, firm or corporation employed **MORE than ten (10) employees**[1].

If you selected Section 1(A), please COMPLETE Section 2 and then execute below

B. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or LESS employees.**

Section 2.

If you selected Section 1(A), complete this section

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____ _____

E-Verify # (Federal Work Authorization Identification Number) **Date of Authorization**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on this_____, day of _____, 20___in (city),_____(state) _____

_____

Signature of Authorized Officer or Agent

_____

Printed Name and Title of Applicant or Responsible Person

SUBSCRIBED AND SWORN BEFORE ME ON THIS

_____DAY OF_____, 20___

_____

NOTARY PUBLIC SIGNATURE & SEAL

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Name-Based Criminal Background History Record Information Consent/Inquiry Form

I hereby authorize THE CITY OF HIRAM to conduct an inquiry for_____
(Agency/ Company Name)

With the purpose(s) listed below and receive any Georgia and/or national criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for_____days from date of signature.

☐ I, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

_____ _____
Signature Date

Purpose Code Used: (check one that applies)

	E - Employment
	N - Working with Elderly
	W - Working with Children
	O- Other

Official use only:

Inquiry:_____Time of Inquiry:Operator's Initials: _____

The inquiry resulted in the following: (check all that apply)

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

_____ _____
Agency Designee Signature and Title Date

Consent to Background Check

Each applicant and licensee authorize the city and its agents to secure from any court, law enforcement agency, or other public agency his criminal and civil history and to use such information in determining whether the license applied for shall be issued. Each applicant further authorizes the city and its agents to use such information in any public hearing with respect to the license applied for, either before or after the issuance of the license. Each applicant waives any right that he would otherwise have to preclude the city or its agents from obtaining and using such information, and each applicant further waives any liability of the city or its agents for obtaining and using such information.

Affiant further states that (he/she) has not been convicted within ten (10) years of the date of application of a felony, or any misdemeanor involving moral turpitude, any sexual-related crime, or any criminal offense relating to alcoholic beverages, taxes, or gambling, or has indicated details of any such convictions in the application.

This_____day of _____, 20_____

_____
Signature of Applicant

_____
Printed Name of Applicant

Sworn and subscribed before me this:

This_____day of_____, 20___

_____
Notary Public Signature & Seal

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of 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 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 retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI 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 FBI 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 FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI 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 obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. 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 challenged 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.) 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://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes 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.

As of 02/04/2021

Applicant Privacy Rights
Notification Signature Form

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

_____

Signature Print Name Date