CITY OF Marietta GEORGIA

SOLICITOR PERMIT APPLICATION

1.) Name of Applicant _____

2.) Business Trade Name (DBA) of Business _____

3.) Legal Name of Business (name listed on the business formation documentation of a corp., LLC, LLP)

_____

4.) Business Location Address (location inside the city limits)

Street Number _____ Street Name _____ Suite No./Apt. No. _____

City_____ State _____ Zip Code _____

5.) Business Mailing Address

Street Number _____ Street Name _____ Suite No./Apt. No. _____

City_____ State _____ Zip Code _____

6.) Dates of Solicitation in City of Marietta (each permit is valid for six-month period) _____
Month/Day/Year

7.) Federal Tax ID Number/EIN Number _____

8.) Business Telephone Number / Contact Number ( ) _____

9.) E-Mail Address _____

10.) Business Web Address (URL): _____
11.) Full Description of Business to Be Conducted _____
12.) Names of magazines, books, or journals to be sold _____
13.) Quadrant (s) which applicant will solicit _____
14.) Proposed method of operation_____
15.) Description of vehicle (s) intended to be operated by applicant _____
16.) License plate number (s)_____
17.) Name (s) of three most recent communities where applicant has solicited house to house
_____
18.) Date of latest previous application_____
19.) Copy of Photo ID Yes ☐ **No** ☐

20.) Type of Ownership (check one)

☐ □**Sole Proprietorship**
☐ □**General Partnership**
☐ □**Limited Liability Partnership (LLP)**
☐ □**Limited Liability Company (LLC)**
☐ □**C- Corporation**

21.) List owners, partners, members, shareholder/stockholder, and employees associated with this business. Give name, address, telephone number, date of birth, and social security number.

_____
_____

22.) List name and percentage of ownership of all parties.

_____
_____

23.) Any Aliases or Name Changes used in last five (5) years.

_____
_____

Date of Birth_____ Social Security Number_____
Driver's License Number_____State_____
Full Name of Spouse_____
Date of Birth_____ Social Security Number_____
Driver's License Number_____State_____
Are you a Citizen of the United States? Yes☐ No☐ Persons that are not U.S. Citizens must provide original immigration card I-551 to the Business License Division for verification and copying. Naturalized citizens must provide their original certificate of naturalization for verification by the Business License Division. This applies to the applicant, each owner, each partner, each stockholder with 20% or more ownership, and their spouses.
(Passports will not be accepted.)
Where were you born? Street _____ County_____
City _____ State_____
Current Address: Street _____ County_____
City _____ State_____
Do you reside in Cobb County? Yes☐ No☐ How Long _____
Number of years at present address_____ In Georgia_____
What has been your occupation for the past (5) years? Give specific details.

_____
_____

Present Employer Name _____

Present Address_____ _____ _____ _____
Number and Street (room, apt., or suite no.) City State Zip

Previous Employer Name(s) _____

Previous Employer Address(es) Last 3 Years _____ _____ _____ _____
Number and Street (room, apt., or suite no.) City State Zip

24.) If the applicant, any partners or any corporate officers or directors have been arrested or convicted of any crime involving good moral character, felony , fraud, theft deceptive business practices, or convicted of an attempt to commit any of the above mentioned offenses in the past ten (10) years, the applicant shall provide a complete description of any such crime including date of violation, date of conviction, jurisdiction and any disposition , including any fine or sentence imposed and whether the terms of disposition have been fully completed.
If yes, describe in detail and give dates: _____
_____
_____

GEORGIA, COBB COUNTY

I, _____, being duly sworn according to law, do swear, that the facts made by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein.
Executed on the _____day of _____, 20_____ in _____(City),_____(State)

_____
Signature of Applicant

_____
Printed Name of Applicant

For notary use only

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE
_____day of _____, 20_____

_____
NOTARY PUBLIC
My Commission Expires: _____

MARIETTA POLICE DEPARTMENT

240 Lemon Street, Marietta, Georgia 30060 Telephone 770-794-5300 Fax 770-794-5301

David Beam, Chief of Police

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Marietta Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name			
Home Address			
Sex	Race - (Asian, Black, Native American, White)	Date of Birth	Social Security Number

List any convictions and/or plea of nolo contender that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States:

Signature: Date:

DO NOT WRITE BELOW…POLICE USE ONLY

Date of Request: Time of Request: Operator's Initials:

Purpose Code Used: (check one)

	NON-CRIMINAL JUSTICE PURPOSES
	E – Permit Application
	E – Business License Application
	E - Other

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/Phone: _____

Agency Designee Signature and Title: Date: