



**City of Johns Creek**  
 Revenue  
 11360 Lakefield Drive  
 Johns Creek, Georgia 30097  
 (678) 512-3242  
 www.johnscreekga.gov

## Solicitors (Door-to-Door Salesman) Permit Application

**APPLICATIONS MUST BE COMPLETED IN FULL AND SUBMITTED TO THE REVENUE DIVISION IN PERSON WITH A GOVERNMENT-ISSUED PICTURE I.D. AND PAYMENT IN THE AMOUNT OF \$75.00. SOLICITING IS PROHIBITED PRIOR TO 8:00AM OR AFTER 9:00PM.**

**I. Applicant Name:** \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last Name First Name MI

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 (Check One)  Mobile or  Home

Alias or Other Names Used: \_\_\_\_\_ Birthplace: (City, State & Country) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**II. Address Information** – list all home addresses over the past five (5) years; use the back of this sheet if more space is needed.

**Current Address:** \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**Previous Address:** \_\_\_\_\_ Apartment/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

**III. Physical Description**

Gender: (Check One)  Male or  Female Age: \_\_\_\_\_ Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_

**IV. Vehicle Description**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

**V. Employer/Business Information**

Business Name: \_\_\_\_\_ Employer's Phone Number: \_\_\_\_\_

Business Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Period: (mm/yy) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

List the name(s) and address(es) of employers during the past three (3) years if other than the present employer:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**STAFF USE:** REVENUE: Initials: \_\_\_\_\_ Amount Due: **\$75.00** Amount Paid: \_\_\_\_\_

Balance Due: \_\_\_\_\_ Receipt #: \_\_\_\_\_

**VI. Names of the three (3) most recent communities where applicant has solicited from door to door:**

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**VII. Operation and Material Detail**

a) Describe the subject matter being solicited: \_\_\_\_\_

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b) Proposed method of soliciting: \_\_\_\_\_

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c) Routes to be followed (include streets and dates): *Attach a separate sheet if necessary* \_\_\_\_\_

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**VIII. Have you been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law?**  
(Check One)  Yes or  No If yes, please explain below:

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**IX. Background Consent**

I, (print your name) \_\_\_\_\_, authorize the City of Johns Creek and/or their designee, Guard One Security, Inc., to make an independent investigation of my background, criminal or police records.

I release the City of Johns Creek and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I hereby certify, under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## 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 legal permanent resident 18 years of age or older.
- I am a legal permanent resident of the United States.
- 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
- Alcohol Employee Pouring Permit
- Occupation Tax Certificate \_\_\_\_\_  
Print Business Name
- Door-to-Door Salesmen/Solicitors Permit
- 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 knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Position Title (if applicable)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Subscribed and sworn to before me on**

**this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

\_\_\_\_\_  
(Clerk/Notary Public)

**My commission expires:** \_\_\_\_\_