

PERMIT # \_\_\_\_\_

**CITY OF ELBERTON**  
**APPLICATION FOR PEDDLER, SOLICITOR,**  
**TRANSIENT MERCHANT & MOBILE**  
**VENDOR TEMPORARY PERMIT**  
 P. O. BOX 70  
 ELBERTON, GEORGIA 30635

Type of Permit	Fee Amount (check one)
30 days	\$30.00 <input type="checkbox"/>
90 days	\$80.00 <input type="checkbox"/>

Application for a permit shall be made at least fourteen (14) days before the applicant desires to begin conducting his or her business within the City of Elberton, Georgia. The following information must be completely and accurately supplied by the applicant.  
*PERMIT MUST BE POSTED AT LOCATION WHILE CONDUCTING BUSINESS.*

**APPLICANT INFORMATION:**

1.	Full Legal Name (first, middle, last):		
2.	Other Names Used (Maiden, Nicknames), if any:		
3.	Permanent Street Address:		
4.	City, State, Zip		
5.	List all residence during the past 3 years.		
6.	Height	Weight	Hair Color
7.	Eye Color	Male or Female	
8.	Other distinguishing features or marks.		
9.	Date of Birth	Home Phone Number	
10.	Business Phone Number	Mobile Phone Number	
11.	Driver's License Number		

**BUSINESS WORKING INFORMATION:**

12.	Name of Business		
13.	Street Address of Business		
14.	City, State, Zip		
15.	Length of employment	Employer Phone Number	

<b>PRODUCT INFORMATION:</b>			
16.	Description of products to be sold:		
17.	Proposed route or location you plan to conduct business (written permission from property owner MUST accompany this application):		
18.	Requested start date:		
19.	Days of the week you plan to conduct business:	Hours you plan to conduct business:	
20.	Phone Number you can be reached while conducting business		
<b>RECENT BUSINESS HISTORY:</b>			
21.	List the name and address of past 3 employers: 1. 2. 3.		
<b>VEHICLE(S) TO BE USED IN THE CITY WHILE CONDUCTING BUSINESS (if applicable):</b>			
22.	License Plate Number	Make/Model	Color
23.	License Plate Number	Make/Model	Color
<b>CRIMINAL HISTORY:</b>			
24.	Have you ever been convicted of any crime, misdemeanor, violation of any municipal ordinance, other than traffic violations?		
25.	If yes, please list the offense, and the location and date of offense, for which convictions were had:		

I hereby certify that all information contained in this application is true and correct and I do hereby give my consent to a background check to be conducted by the City Marshal at his discretion. I have also read and understand the rules and regulations governing this permit.

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

# City of Elberton

## Affidavit Verifying Status for Public Benefit Application

By executing this affidavit under oath, as an applicant for a Peddlers, Solicitors, Transient Merchant & Mobile Vendor Temporary Permit for the City of Elberton, Georgia, I am stating the following with respect to my application.

\_\_\_\_\_ I am a United States citizens OR

\_\_\_\_\_ I am a legal permanent resident 18 years of ages or older I am an 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.\*

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 violation of Code Section 16-10-20 of the Official Code of Georgia (O.C.G.A.).

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Signature of Applicant

Date

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Print Name

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\*Alien registration number for non-citizens

# City of Elberton

## Authorization to Release Information

I have made application with the City of Elberton for a Temporary Permit. I authorize any persons or organizations to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, whether or not it is in their records, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage whatsoever for issuing same.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agency of the City of Elberton, or to any authorized agent of a criminal justice agency or any private agency upon request of the City Clerk and/or City Marshal, whether the said records are of public, private or confidential nature. I direct release of such records regardless of any agreement I may have made previously to the contrary. The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial statements and records wherever filed; employment and pre-employment 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 my case, whether criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for license by the City of Elberton. 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 for damages of whatever kind or nature which may at any time result to me on account of compliance on any attempts to comply with this authorization.

*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.*

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Applicant's Signature	Date Signed
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Social Security Number	Date of Birth
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Notary Public Signature	Expiration Date	Date Signed
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## City of Elberton

### Release of Criminal/ Drivers History Consent

I hereby authorize the City Clerk and/or the City Marshal to receive any Criminal/Drivers History record information pertaining to me which may be in the files of any criminal justice agency of any state, or any local criminal justice agency in the State of Georgia.

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Last Name	First Name	Middle
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Street Address	City	State	Zip
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Social Security Number	Driver's License Number
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Height	Weight	Eye Color	Hair Color
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Date of Birth	Race	Gender
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I hereby also authorize the City Clerk and/or the City Marshal to receive my criminal history record from the NCIC/GCIC data base search. I understand this request will only be used for license purposes.

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Applicant's Signature	Date Signed
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Notary Public Signature	Expiration Date	Date Signed
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