



Fayette County

Canvassers and Solicitors Permit Application

New:		Renewal:	
Canvassers and Solicitors Permit Application			
Business/Corporation Information			
Business Name:			
Business address:			
City:		State:	
Zip:			
Telephone Number:		Fax Number:	
Nature of Business:			
Nature of products sold/displayed:			
Method of Operation:			
Applicant Information			
Name:			
Address:			
City:		State:	
ZIP Code:			
Telephone Number:			
Emergency Contact Number:			
Business Owner/Representative Information			
Name:			
Address:			
Phone:		E-mail:	
Fax:			
City:		State:	
ZIP Code:			
Emergency Contact Number:			
<i>I herby certify that I am the owner or authorized agent or representative of the business as named. I further certify that I will abide by the Canvassers and Solicitors Ordinance of Fayette County, Georgia, and that the foregoing information is true and correct to the best of my knowledge.</i>			
Signature of business owner or representative:			Date:

Verification

I, _____,
applicant, do solemnly swear, subject to criminal penalties for false swearing,
that the statements and answers made by me to the foregoing questions in
this application for a County of Fayette license as a canvasser, solicitor or
peddler are true, and no false or fraudulent statement or answer is made
therein to procure the granting of such license.

Applicant's Signature
(full name signed in ink)

I certify that _____ has
provided me with proper documentation as verification of his/her identity;
documentation being: _____. I also certify that
he/she signed his/her name to the foregoing application after stating to me
that he/she knew and understood all statements and answers made therein,
and under oath actually administered by me, has sworn that said statements
and answers are true.

This _____ day of _____, _____.

(Affix Seal)

Notary Public



Fayette County Sheriff's Office

**BARRY H. BABB
SHERIFF**

Randall Johnson Law
Enforcement Center
155 Johnson Avenue
Fayetteville, Georgia 30214
(770) 461-6353
EMERGENCY 9-1-1

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Fayette County Sheriff's Office to receive any Georgia criminal history record information obtained through the Georgia Crime Information Center (G.C.I.C.) All information must be completely filled out.

LAST FIRST MIDDLE MAIDEN

STREET ADDRESS CITY STATE ZIP

___/___/___
DATE OF BIRTH

SEX

SOCIAL SECURITY NUMBER

RACE: AMERICAN INDIAN ASIAN BLACK WHITE

(Per GCIC/NCIC guidelines, only the above races will be accepted for Criminal History purposes by the Georgia Crime Information Center.)

Name the person and company/organization that will be receiving this information. Please check N/A if this does not apply.

Name of Requestor

Fayette County Code Enforcement
Name of Company/Organization

N/A

Please check all that applies:

- Employment/volunteer work with children (Purpose code 'W')
- Employment/volunteer work with elder care (Purpose code 'N')
- Employment/volunteer work with mentally disabled (Purpose code 'M')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

SIGNATURE _____ DATE _____
