

DOOR-TO-DOOR COMPANY APPLICATION INFORMATION SHEET

1. **Two Original Applications** Please write legibly in **BLACK** ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.
2. **Employment Verification Letter** Letter from hiring company verifying applicant's employment. Letter must be written on company's letterhead.
3. **Personal History Form** Complete one Personal History form.
4. **Photographs** Two (2) passport photos - size 2X2
5. **Letters of Reference** May be furnished by any three (3) persons who have known the applicant for at least three (3) years. The person(s) providing the reference letter must include their name, address, & phone number.
6. **Corporate Papers** Attach a copy of corporate charter and by laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.
7. **Financial Investments** All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required.)
8. **Fees** Application Fee: \$100.00
Fingerprint Fee: \$20.00
Permit Fee: \$500.00

NOTE: Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express.

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



CITY OF ATLANTA
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331

DOOR-TO-DOOR COMPANY APPLICATION

NOTE: All requirements pursuant to Atlanta City Code including § 30-29 & § 30-30 must be met.

1. Is applicant: Sole Proprietorship Partnership Corporation

2. (A) Legal Name of Business: _____
(B) Operating / Trade name of business: _____

3. Type of Business: _____
Location of Business: _____
Street Address

City State Zip Code
Business Telephone Number(s): (____) _____

4. Full name of licensee/agent: _____
Residence address: _____
Street Address

City State / County Zip Code
Home #: (____) _____ Cellular #: (____) _____ Business #: (____) _____
Date of Birth: _____

5. Licensee/agent Business Interest(s), Occupation(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Dates

6. If corporation or partnership, indicate the following for all officers, members of the Board of Directors, Trustees, and principle stockholders; if partnership, include all partner's name, address, date of birth, position held and percentage of interest.

NAME	ADDRESS	SSN	DOB	POSITION	%

7. State the amount and source of money that has or will be invested by each individual who has an interest in the business. If a corporation or partnership, list each individually separately.

SOURCE	AMOUNT

8. List any other individual(s) or firm(s) owning any interest in or receiving any funds from the operations of the business.

1.	5.
2.	6.
3.	7.
4.	8.

9. List owner of property where business is to be located: _____

If property is rented, list the amount and the manner in which the rent is determined:

10. Does Licensee/Agent, Manager, Partner(s), Corporation Officer, Board member, Principal Shareholder, or Trustee have within the past five (5) years any convictions for the violation of any Federal, State, or Local Laws, Ordinances, or Regulations or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinances, or Regulations?

(For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea, Nolo Contendere, or a forfeiture of a bond)

PERSON CHARGED	DATE OF OFFENSE	LOCATION (CITY & STATE)	DISPOSITION

11. Describe nature and character of business (be specific): _____

12. Have you read and fully understand the City of Atlanta Ordinances, State Laws, and Regulations governing the operation of this establishment? YES NO

OFFICIAL OFFICE USE ONLY	
INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
APPLICATION STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
DATE: _____	

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____
20 _____.

Notary Public

Signature and title of person other than Licensee/Agent filling out this application

(_____) _____
Telephone Number



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3. Type of Business: _____
Location of Business: _____
Street Address

City State Zip Code
Business Telephone Number(s): (____) _____

4. Full name of licensee/agent: _____
Residence address: _____
Street Address

City State / County Zip Code
Home #: (____) _____ Cellular #: (____) _____ Business #: (____) _____
Date of Birth: _____

5. Licensee/agent Business Interest(s), Occupation(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Dates

6. If corporation or partnership, indicate the following for all officers, members of the Board of Directors, Trustees, and principle stockholders; if partnership, include all partner's name, address, date of birth, position held and percentage of interest.

NAME	ADDRESS	SSN	DOB	POSITION	%

7. State the amount and source of money that has or will be invested by each individual who has an interest in the business. If a corporation or partnership, list each individually separately.

SOURCE	AMOUNT

8. List any other individual(s) or firm(s) owning any interest in or receiving any funds from the operations of the business.

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2.	6.
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9. List owner of property where business is to be located: _____

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10. Does Licensee/Agent, Manager, Partner(s), Corporation Officer, Board member, Principal Shareholder, or Trustee have within the past five (5) years any convictions for the violation of any Federal, State, or Local Laws, Ordinances, or Regulations or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinances, or Regulations?

(For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilty, a plea, Nolo Contendere, or a forfeiture of a bond)

PERSON CHARGED	DATE OF OFFENSE	LOCATION (CITY & STATE)	DISPOSITION

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INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
APPLICATION STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	DATE: _____

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____
20 _____.

Notary Public

Signature and title of person other than Licensee/Agent filling out this application

(_____) _____
Telephone Number



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY RECORD

PERMIT TYPE: _____ DATE: _____

Name in FULL (Please Print) _____ Date: _____

Address: _____ Telephone: _____

Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)

Race: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? Yes No Federal: _____ Foreign Country: _____

State Law: _____ City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____ Spouse's Name: _____

Finger printed by: _____ Applicant Signature: _____

Date: _____

CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? Yes No

Date of Occurrence: _____ City: _____ State: _____

Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF CITY ORDINANCE 106-90. _____

(SIGNATURE)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from _____ [*name*
of government entity], the undersigned applicant
verifies one of the following with respect to my application for a benefit:

- 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 in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THE
____ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) _____ [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from the **Atlanta Police License & Permits Unit**, [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012, and June 30, 2012.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012, and June 30, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. 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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ___ date of _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__

NOTARY PUBLIC

My Commission Expires: