

DOOR-TO-DOOR EMPLOYEE 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. **Fees** Application Fee: \$50.00
Fingerprint Fee: \$20.00
Permit Fee: \$170.00

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 EMPLOYEE APPLICATION

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

1. Applicant Name: _____

Date of Birth: _____ Social Security #: _____

Race: _____ Sex: Male Female

2. Residence Address: _____

_____ City _____ State / County _____ Zip Code

Home Telephone # (____) _____ Cellular Telephone # (____) _____

3. Name of company employed by: _____

Company Address: _____

_____ City _____ State _____ Zip Code

Company Telephone Number(s): (____) _____

3. Type of Business: _____

Types of goods or services being offered for sale: _____

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

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. Does Licensee/Agent, 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

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

8. Have you read and fully understand the City of Atlanta ordinances, state laws, and regulations governing the operation of an vehicle immobilization operator? YES NO
9. Do you agree to abide by such ordinances, laws, and regulations? YES NO

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: _____ DATE RECEIVED: _____

APPLICATION STATUS: APPROVED 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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Signature of Licensee/Agent

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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: