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 Berkeley Lake, GA 30096
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DOOR-to-DOOR SALES/SOLICITING PERMIT APPLICATION

DATES	Date of this application:		(City Use Only) Application/Permit Number		
	Date of previous application:		DD — —		
	Dates for which permit is applied: Begin / / End / /		Issue Date:		
				Exp. Date:	
APPLICANT INFORMATION	NAME Last:		NAME First:		
	NAME Middle:		NAME Middle:		
	Maiden Name and/or Aliases:			Social Security Number: — —	
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height: ft. in.		Weight: lbs.
	Race:		Hair Color:		Eye Color:
	DATE OF BIRTH (mm/dd/yyyy)		BIRTHPLACE City:		BIRTHPLACE St./Country:
	PHONE NUMBER Home: () —		PHONE NUMBER Cell: () —		
	VEHICLE TO BE USED* Make/Model:		VEHICLE TO BE USED Color:		License Plate #: State:
	*If more than one vehicle is to be use by applicant, attach a separate sheet listing all vehicles you will use indicating make, model, color and license plate number.				
	MOST RECENT COMMUNITIES WHERE APPLICANT HAS CONDUCTED DOOR-TO-DOOR SOLICITING				
1.		2.		3.	
PLACES OF RESIDENCE	PLACES OF RESIDENCE <i>Starting with your current residence, list all places of residence and length of time at the address for the past three (3) years. If more space is needed, attach a separate sheet indicating street address, city, state, zip code and length of time at residence.</i>				
	1. CURRENT RESIDENCE Street Address:			Apt #:	
	City:		State:	Zip:	Length of time at this location:
	2. PREVIOUS RESIDENCE Street Address:			Apt #:	
	City:		State:	Zip:	Length of time at this location:
	3. PREVIOUS RESIDENCE Street Address:			Apt #:	
	City:		State:	Zip:	Length of time at this location:

EMPLOYMENT HISTORY	PLACES OF EMPLOYMENT <i>Starting with your current employer, list your place of employment and length of employment with each such person, firm or corporation for the past three (3) years. If more space is needed, attach a separate sheet indicating employer name, supervisor, phone number, street address, city, state, zip code and length of employment.</i>			
	1. CURRENT EMPLOYER:			
	Job Title:	Supervisor:	Phone number: () —	
	Street Address:			
	City:	State:	Zip:	Length of time with this employer:
	2. PREVIOUS EMPLOYER			
	Job Title:	Supervisor:	Phone number: () —	
	Street Address:			
	City:	State:	Zip:	Length of time with this employer:
	3. PREVIOUS EMPLOYER			
Job Title:	Supervisor:	Phone number: () —		
Street Address:				
City:	State:	Zip:	Length of time with this employer:	
BUSINESS ACTIVITY INFORMATION	Describe the subject matter of the soliciting activity in which you will engage:			
	Describe the method of operation:			
	Describe the route to be followed or attach a map, including street names and approximate dates present:			
	List the titles of all books, magazines, journals or other publications offered, or attach complete list:			

Affidavit Verifying Status for City Public Benefit

As required by Georgia Security and Immigration Compliance Act of 2006 (GSICA), every agency administering or providing Public Benefits is responsible for determining U.S. citizenship or lawful alien status of applicants for said benefits. (O.C.G.A. § 50-36-1), any natural person who applies for a state or local public benefit must execute an affidavit under oath before a notary public concerning the applicant’s legal presence in the United States. Any applicant who is the sole owner of a business or the sole member of an LLC and who is either a qualified alien or nonimmigrant lawfully present in the United States is required to execute this Affidavit under oath before a notary public.

By executing this affidavit under oath pursuant to O.C.G.A. § 50-36-1, as an applicant for a Door-to-door Sales/Soliciting Permit from the City of Berkeley Lake, Georgia, I swear or affirm under oath the following:

_____ am a United States Citizen (Submit copy of current state Driver’s License, passport or military ID)

_____ am a legal permanent resident or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act and lawfully present in the U.S.

My Alien Registration number for non-citizens issued by the US Department of Homeland Security or other federal immigration agency is: _____.

*Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back copy of one of the following documents must be submitted with this Affidavit:

- Valid, unexpired Foreign Passport with I-94, or
- Temporary Resident Alien Card (I-688), or
- Employment Authorization Card (I-76 or I-688A), or
- Employment Authorization Document (I-688B), or
- Refugee Travel Document (I-571).

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 Official Code of Georgia §16-10-20.

_____ Date: _____
Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature of Notary Public (SEAL)

My Commission Expires: _____

**Door-to-door Sales/Soliciting Permit Application Review Checklist
(City Use Only)**

Application Fee Paid	Amount:	Date:	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Application Complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No / Missing information:		
Fingerprinting	Date:	Location:	Retrieved on:	
Background Check	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	Reason:		
Photo Identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type:	
SAVE Affidavit	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Photographs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Permit is:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Permit Card Issued on:	By:	Date:
Reason(s) for denial of Permit:				
Appeal:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date filed:	Fee Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
Disposition:	Hearing Date:	Action:	Notice Sent:	