

Transient Merchant Permits

Please complete the attached application and attach the following documents:

1. Driver's License or Other Form of Identification
2. Permission from the Property Owner (If applicable)
3. Sketch of the location of the temporary site
4. Permit Fees

A solicitor's license shall be issued for up to one month in duration upon payment of the following fees: each registrant shall pay to the city clerk an administration fee of \$75.00 together with a registration fee as follows:

- (1) One-day license \$11.00
- (2) One-week license \$22.00
- (3) One-month license \$55.00



130 E. 1st Street
 Tifton, GA 31794
 P (229) 382-6231
<http://www.tifton.net>
cityclerk@tifton.net

CITY OF TIFTON TRANSIENT MERCHANT/SOLICITOR'S PERMIT APPLICATION

Incomplete applications will not be accepted. Solicitor's Permits expire as stated on the permit.
 A passport photo ID shall be included with this application.

BUSINESS
 INFORMATION

Business Name:		Dates:	
Type of product to be sold:		Sales Location	
Business address			
City	State	Zip	Phone #
Name of supervisor			Phone #
E-mail address			

APPLICANT'S
 INFORMATION

Last Name		First Name		SSN #
Middle Name			Maiden Name	
DOB	U.S. Citizen () Yes () No		Alien Registration #	
Place of birth		State	Country	
Home address			City	
State	Zip	Home Phone #	Cell #	
E-mail address			Vehicle Description	

Please provide all convictions in the last ten (10) years.

Date of Offense	Place of Offense	Type	Disposition

AUTHORIZED
 SIGNATURE

I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application for a City of Tifton Transient Merchant / Solicitor's Permit are true, and no false or fraudulent statement or answer is made therein to procure the granting of this permit. I understand any misrepresentation is grounds for automatic dismissal of this application and/or revocation of permit.

APPLICANT'S NAME _____ DATE _____
(PLEASE PRINT)

APPLICANT'S SIGNATURE _____ **SEAL**

THIS ____ DAY OF _____, 20 ____

NOTARY PUBLIC'S SIGNATURE _____



City Clerk's Office - Business Licensing Division
 130 E. 1st. Street - P.O. Box 229- Tifton, GA 31793-0229
 (229) 382-6231 -Fax (229) 391-3990
 Website: <http://www.tifton.net> Email: cityclerk@tifton.net

TRANSIENT MERCHANT/SOLICITOR'S PERMIT APPLICATION INFORMATION SHEET

Application: New () Renewal ()

Amended: _____ Reason: _____

Business Name: _____

Licensee Name: _____

Business Location: _____

Owner/Manager's Name: _____

Business Mailing Address: _____

City _____ State _____ Zip Code _____

Telephone Number () _____

This Information Sheet is on:

Signature: _____ Date _____

CITY USE ONLY

Criminal History Record		No Record ()	See Attachment ()
The information submitted in the application has been investigated and/or reviewed by me and I recommend:			
Reasons For Denial: _____			
Signatures For Approval			
Chief of Police	_____	Approval () Denied ()	Date _____
City Clerk	_____	Approval () Denied ()	Date _____
City Manager	_____	Approval () Denied ()	Date _____



City of Tifton, Georgia
Criminal History Record
Consent Form

I hereby give the City of Tifton CONTINUING permission and authority to receive any criminal history record information pertaining to me, which may be in the files of the City, Tift County, the State of Georgia, or of the United States. [See Section 6-66, Paragraph 17, Subsections (2) (3) and (4) of the Code of Ordinances.]

In the event of the termination of my association with the business with which this document is part of, my consent will automatically be rescinded.

Business Name

Full Name Printed

Home Address

City

State

Zip

Home Telephone Number

Sex

Race

DOB

SSN

Signature

Notary

Date

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 public 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 THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: