



## **APPLICATION & REQUIREMENTS FOR PEDDLERS PERMIT**

- Applicant must pay a \$5.00 application fee.
- Applicant must provide a Criminal Background History obtained from the Dublin Police Department. (Fee is \$20.00)
- Applicant must provide a current 2"x2" photo (showing head & shoulders, must be clear & in a distinguishing manner)
- Applicant must pay permit fee based on duration of sales.
  - \$50.00 per person per day
  - \$100.00 per person per week
  - \$250.00 per person per month
  
- Firm or Business whose principal place of business is located outside the state must provide a surety bond running to the City of Dublin in the amount of One Thousand Dollars, (\$1000.00). Any corporations authorized to do business in Georgia or registered under the fictitious name act of the state, may furnish one bond in the amount of \$1000.00 for any and all agents, employees, canvassers or solicitors.
  
- Applicant must file with the City Clerk an instrument in writing, signed under oath, nominating and appointing the City Clerk his true and lawful agent, with full power and authority to acknowledge service of notice of process for and on behalf of such applicant, and service of summons in any action brought upon applicant's bond shall be deemed made when served on the City Clerk.



## Peddler's Application & Regulatory Fee

P.O. Box 690 Dublin, GA 31040  
478-272-1620

Date: \_\_\_\_\_

Business or Corp. Name: \_\_\_\_\_

\_\_\_\_\_ Corporation    \_\_\_\_\_ Partnership/LLC    \_\_\_\_\_ Sole Owner

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business or Corp. Telephone#: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_ Cell# \_\_\_\_\_

Name of Owner/Officer: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone#: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Goods/Products sold Manufactured/produced where: \_\_\_\_\_

Federal Tax ID# or Social Security# \_\_\_\_\_

GA Sales Tax ID# \_\_\_\_\_ NAICS# \_\_\_\_\_

Location of Sales: \_\_\_\_\_

Proposed Method of delivery: \_\_\_\_\_

Method of payment for sales: \_\_\_\_\_ Full payment at time of sale or \_\_\_\_\_ deposit of money

In advance of final delivery.

Duration of Sales: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

(this includes full and part-time employees on site)

List the last five (5) municipalities that you have worked before coming to this city:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

4. \_\_\_\_\_
5. \_\_\_\_\_

I do understand that I must comply with all city and state requirements. Failure to comply will result in revocation of permit. I have read and understand the above and I do solemnly swear subject to denial of permit that the information given is true and correct.

\_\_\_\_\_  
Signature of Owner/Applicant

\_\_\_\_\_  
Date

**SAVE AFFIDAVIT – Affidavit Verifying Status for City Public Benefit Pursuant to O.C.G.A. § 50-36-1 (E)(2)**

By executing this affidavit under oath, as an applicant for:

(Check all that apply) [type of public benefit]

- Occupational Tax
- Alcohol License
- Peddler’s Permit/Regulatory Fee

as referenced in O.C.G.A. § 50-36-1, from the City of Dublin, GA, 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: \_\_\_\_\_.

**You must submit a front and back copy of a Secure and Verifiable Document with this affidavit such as a copy of driver’s license, and/or passport unless the same individual signed and submitted secure and verifiable document previously and copy already on file.** A complete list of Secure and Verifiable Documents may be found at [http://etax.dor.ga.gov/ctr/2013\\_Secure\\_andVerifiable\\_Document\\_Listing.pdf](http://etax.dor.ga.gov/ctr/2013_Secure_andVerifiable_Document_Listing.pdf) or on the Georgia Attorney General’s website. For more information, please refer to [https://etax.dor.ga.gov/ctr/Public\\_Benefits\\_FAQ.pdf](https://etax.dor.ga.gov/ctr/Public_Benefits_FAQ.pdf).

**E-VERIFY AFFIDAVIT -- 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) \_\_\_\_\_ [occupational tax certificate or other document required to operate a business] As referenced in O.C.G.A. § 36-60-6(d), from City of Dublin, GA, the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer/business] verifies one of the following with respect to my application for the above mentioned document.

**Section 1**

**Please check only one:**

- (A)  On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.<sup>1</sup>
- (B)  On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\*If the employers selected Section 1(A), please fill out Section 2 below.

**Section 2**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and 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 follows:**

E-Verify Number (usually 4-6 digits) <b>this is NOT your Federal ID Number</b> (Also called the Federal Work Authorization User Identification Number)	Date of Authorization (Actual Date Company signed up to begin E-Verify use)
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In making the above representation(s) 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 Authorized Officer or Agent	Date
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SUBSCRIBED AND SWORN BEFORE ME ON  
THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

**NOTARY PUBLIC/SEAL**

My Commission Expires: \_\_\_\_\_

<sup>1</sup> To determine the number of employees for purposes of the affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
Agency/Company  
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	<b>J - Civilian Criminal Justice Employment (State &amp; III Info Received)</b>
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	<b>Z - Sworn Criminal Justice Employment (State &amp; III Info Received)</b>

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title Date