



DOOR TO DOOR SALES PERMIT REGISTRATION CHECKLIST

- ✓ Complete Application. Application must be completed in its entirety.
- ✓ Attach the *Private Employer Affidavit* – **Please be sure form is notarized.** A blank form is attached for your convenience.
- ✓ Attach the *Affidavit Verifying Status for City Public Benefit Application* – **Please be sure form is notarized.** A blank form is attached for your convenience.
- ✓ Attach a copy of at least one (1) secure and verifiable document (driver's license, passport or I-551 permanent resident card). See link for complete list of acceptable forms of identification – <https://law.ga.gov/immigration-reports>.
- ✓ A photograph must be provided by the applicant and it shall be at least two by two (2x2) inches.
- ✓ Attach copy of a credential or document verifying the relationship and the length of time with current Business/Employer being represented.
- ✓ Applicant must submit fingerprints using the Georgia Applicant processing Service (GAPS). *Instructions for fingerprinting are attached.* Please provide GAPS receipt #: _____ and date of fingerprinting: _____.
- ✓ For each person licensed under O.C.G.A Title 43 of the state license examining boards, attach a copy of the proper and current state licensure.
- ✓ Provide payment for permit. Each application requires an Administrative Fee of \$25 plus the fees as set forth below.

Annual Base Fee (per solicitor):	Per Solicitor, per day
\$200	\$50.00

- ✓ Once all the above items are complete, please return all documentation to the Customer Service window on the second floor of City Hall. If **all** documentation has been completed properly and payment has been received, the application will be reviewed, processed and a permit will be issued within ten (10) business days.



APPROVED Yes No

Authorized Staff Signature: _____

Date _____

DOOR TO DOOR SALES PERMIT REGISTRATION APPLICATION

APPLICATION FOR: NEW APPLICANT UPDATING APPLICANT (previous application date _____)

1. APPLICANT INFORMATION: (Time Period Requested (30 days max) _____)

Full Name _____

Present Residential Address _____ Telephone _____

Residential address during the past (3) years, if other than above present residential address. _____

Age: _____ (attach 2x2 photo) Physical description: Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Name(s) of three (3) most recent communities where applicant has solicited door to door:

1. _____ 2. _____ 3. _____

BUSINESS/EMPLOYER INFORMATION: (attach credentials verifying business relationship)

Legal Name of Business/Employer _____ DBA (if different) _____

Business Location/Address _____ Business Telephone _____

Mailing Address (if different) _____

Name of employer for past 3 years if other than present employer _____

Address of employer for past 3 years if other than present employer _____

3. DESCRIPTION OF DOOR TO DOOR SALES (SOLICITATION): (Method of Operation: _____)

Vehicle Description: Year _____ Make _____ Model: _____ License Plate# _____

Names of items to be sold: _____

FOR OFFICE USE ONLY:					
Rcvd:	By:	Fee:	Lic#	Issued:	Exp date:

Proposed route, including streets to be included on each day: _____

4. DISCLOSURE:

- A) Has the applicant ever been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law, regulations or ordinance? YES (If yes explain below) NO

- B) Has the applicant or any business or entity represented by the applicant ever been the subject of an investigation by any governmental agency for false advertising deceptive trade practices, or unfair business practices?

YES (If yes explain below) NO

- C) Has the applicant or any business or entity represented by the applicant ever had any similar solicitation permit suspended or revoked by any governmental agency for any reason? YES (If yes explain below) NO

In accordance with the Chapter 12 of the Code of Ordinances of the City of Pooler, Georgia, I, the undersigned certify that I am the person duly authorized to make application for a Door to Door Permit Registration to conduct the above-described business in the City of Pooler. By signature below, I affirm that the information provided is true, correct and complete.

Applicant's Signature: _____ Date: _____



AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for a **Door to Door Permit** (type of public benefit), as referenced in O.C.G.A. § 50-36-1, from the City of Pooler, Georgia, the undersigned applicant verifies one of the following with respect to my application for public benefit.

1.) _____ I am a United States citizen.

OR

2.) _____ I am a legal permanent resident.

OR

3.) _____ I am 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.

If you chose #2 or #3, 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 be best 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.

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

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

Notary Public/Seal

My Commission Expires: _____



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy
License Application**

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

Required Fields

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

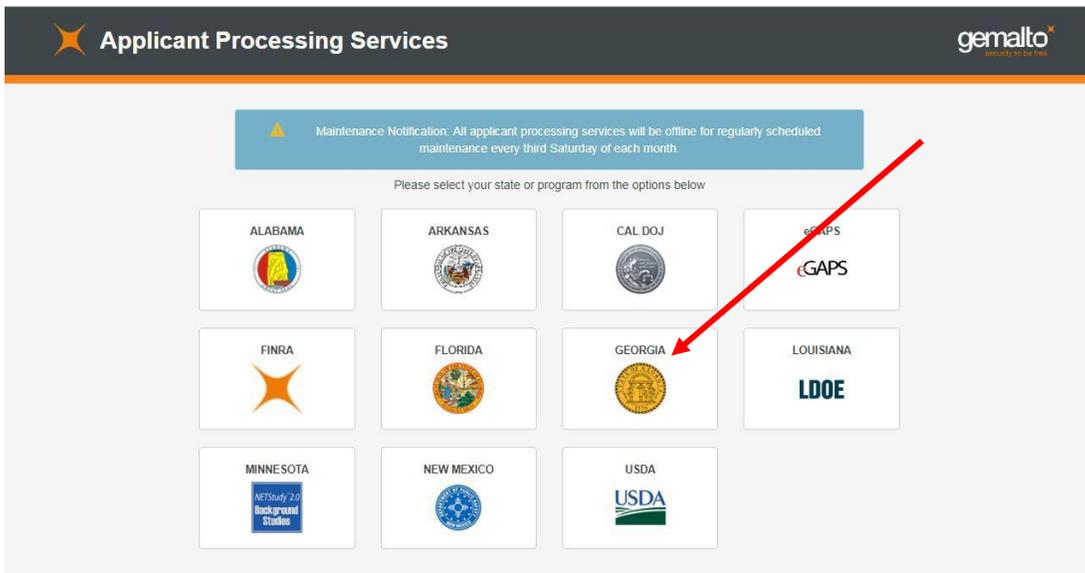
Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.

INSTRUCTIONS FOR REGISTERING FOR FINGERPRINTING:

1. Go to the the following webpage:

<http://cogentid.com>

2. Select 'Georgia'.



3. Select 'Applicant Registration'.



Helpful Links

- > Find A Fingerprint Location
- > Modify Existing Registration
- > Cancel Existing Registration
- > Reprint Registration Receipt
- > How to Submit Ink Cards

Welcome to the Georgia Applicant Processing Service for fingerprint background requests

Electronic submission of fingerprint images will involve the use of a Gemalto Cogent Livescan machine. The Livescan captures fingerprint images and demographic data and submits this information to GBI. GBI conducts a search of its criminal history records using the fingerprint images. In some cases, these images are also forwarded to the FBI where a Federal Criminal History Record search is also conducted. Notifications of the search results are then forwarded from the GBI/FBI to Gemalto Cogent where these results are then electronically disseminated to the Georgia company or agency that requested the search to be completed.

[Applicant Registration](#)

[GAPS Agency Login](#)

[Become a Requesting Agency](#)



To register for a background check, please select one of the options below:

GEORGIA COURT SERVICES (CS)	DEPARTMENT OF EARLY CARE & LEARNING (DECAL)	EDUCATION AGENCIES (EA)
DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES (DBHDD)	SECRETARY OF STATE (SOS)	GEORGIA STATE-ONLY BACKGROUND CHECKS (SABC)
DEPARTMENT OF COMMUNITY HEALTH (DCH)	DEPARTMENT OF DRIVER SERVICES (DDS)	CITY/COUNTY GOVERNMENT AND LAW ENFORCEMENT AGENCIES (CCGC)
DEPARTMENT OF PUBLIC HEALTH (DPH)	REAL ESTATE COMMISSION APPRAISERS BOARD (RECAP)	DEPARTMENT OF BANKING AND FINANCE (DBF)
OFFICE OF INSURANCE SAFETY FIRE COMMISSIONER (OIC)	DEPARTMENT OF HUMAN SERVICES (DHS)	GEORGIA BUREAU OF INVESTIGATION (GBI)
DEPARTMENT OF JUVENILE JUSTICE (DJJ)	GEORGIA VOCATIONAL REHABILITATION AGENCY	DEPARTMENT OF DEFENSE
DEPARTMENT OF COMMUNITY SUPERVISION (DCS)	GEORGIA DEPARTMENT OF REVENUE	

Close

4. Select 'City/County Government and Law Enforcement Agencies (CCGC)'.

5. Select 'Ordinances'.

GAPS Georgia Applicant Processing Services

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City/County Government and Law Enforcement Agencies

To register for a background check, please select one of the options below:

ALCOHOL AND LIQUOR LICENSE	COURTS
FIREFIGHTER	LAW ENFORCEMENT AGENCIES
LOCAL COUNTY HEALTH DISTRICTS	ORDINANCES
OTHER	

6. Read the 'Non-Criminal Justice Applicant's Privacy Rights' and 'Privacy Act Statement'. Once read, check the box beside 'I have read and accepted these items'. Then select 'Continue'.

Select Language ▼

Non-Criminal Justice Applicant's Privacy Rights

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. §35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the FBI website (<http://fbi.gov/ncjia>) or by contacting the Georgia Crime Information Center (<http://www.gccic.com>).

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974.

I have read and accepted these terms. [Print](#) | [Download](#)

Cancel Continue

7. Fill in the information. Please use **GA923329Z** in the 'Reviewing Agency ID' field.



Applicant Fingerprinting Online Services



Select Language ▼

Applicant Registration

Step 1 - Please Enter Your Information

Transaction Information

Reviewing Agency ID: Reason:

Requesting Agency ID: (If different from Reviewing Agency ID) Position Applied for:

Payment: No unemployment cards, child support cards or gift cards are accepted. Fingerprint Card User: By Checking this box, you are agreeing to submit ink cards to Gemalto Cogent. See [here](#) for details.

Personal Information

Last Name: First Name:

Middle Name: Suffix:

Social Security #: No dashes Re-enter SSN: No dashes

Date of Birth: MMDDYYYY Weight:

Sex: Race:

Eye Color: Hair Color:

Height: Place of Birth:

Country of Citizenship: State Driver's License:

Driver's License #: Don't include 'GA'

Address Information

Address: Address 2:

City: APT:

State: Zip:

Phone #: Email:

Reset Continue

DO NOT CHECK THIS BOX!

Note: * Fields in yellow are required.
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.

8. For the 'Reason', select 'DOOR-TO-DOOR SOLICITATION PERMIT – CITY OF POOLER'.

GAPS Georgia Applicant Processing Services

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Step 1 - Please Enter Your Information Required fields *

Transaction Information

Reviewing Agency ID *

Requesting Agency ID (If Different from Reviewing Agency ID)

Payment Type *

Credit Card *

Personal Information

Last Name *

Middle Name Optional

Maiden Name Optional

Re-enter Social Security Number No spaces

Weight *

Race *

Hair Color *

Place of Birth *

Reason for Fingerprinting *

DOOR-TO-DOOR SOLICITATION PERMIT - CITY OF POOLER

Select

ADULT ENTERTAINMENT WORK PERMIT - CHAMBLEE

ALCOHOLIC BEVERAGE HANDLING PERMIT - CHAMBLEE

ALCOHOLIC BEVERAGE LICENSE - CONYERS

BILLIARD LICENSE - CONYERS

CANVASSER/SOLICITOR/PEDDLER - HALL COUNTY

CHARITABLE SOLICITATIONS - CONYERS

DOOR TO DOOR SALEMEN PERMIT - CHAMBLEE

DOOR-TO-DOOR SOLICITATION PERMIT - CITY OF POOLER

INTERNET CAFE LICENSE - GARDEN CITY

MESSAGE ESTABLISHMENT LICENSE - DULUTH

MESSAGE ESTABLISHMENT/MESSAGE THERAPIST LICENSE - CONYERS

MESSAGE/SPA ESTABLISHMENT - CHAMBLEE

MESSAGE/SPA ESTABLISHMENT LICENSE/PERMIT - CITY OF HIRAM

NON-TRADITIONAL TOBACCO AND PARAPHERNALIA LICENSE - FORSYTH

PAWN SHOP AND PAWNBROKER LICENSE - FORSYTH COUNTY

PAWNBROKER LICENSE - CONYERS

PRECIOUS METAL DEALER LIC - CONYERS

Petroleum Carrier/Employee Identification Card - Doraville

TAXICAB LIC/DRIVERS PERMIT - CONYERS

Eye Color *

Select

Height *

Select

Country of Citizenship

Select

9. Once information is entered, select 'Continue'.

10. Verify information and select 'Submit'.

11. Enter payment information.

12. Print receipt and take with you to have fingerprinting done.

13. To find a fingerprinting location, visit <http://cogentid.com>, then select Georgia. On the left hand side of the screen, the first selection is 'Find a Fingerprint Location'. When this is selected, you can find a location nearest you for fingerprinting.