



ALBANY- DOUGHERTY
 Code Enforcement Department
 240 Pine Ave., Room 150
 Albany, Ga. 31701
 229-431-2118



PEDDLER/SOLICITOR'S PERMIT
 City of Albany & Dougherty County Georgia

Operating Dates: _____ thru _____

Name of Applicant			Home Address	
Race	Sex	Date of Birth	Place of Birth	SSN

Representing: _____
 Name of Organization/Business Supervisors Name

 Address of Organization/Business City, State & Zip

 Telephone Address and phone number while in area

STATEMENT OF APPLICANT

I certify by my signature hereon that I have never been convicted of any offense against the laws of the United States or of any state; that I am not now, and never have been affiliated with, or a member of any organization listed by the Attorney General of the United States as subversive, or any organization of Communistic nature, or advocating the violent overthrow of the United States or any State. I agree to be fingerprinted and the License Inspector has my consent to forward my fingerprints to the identification Bureau of the FBI and the Georgia Bureau of Investigation for comparison with those they have on file in their Criminal and Subversive files.

I understand that the retention of any permit issued to me will be contingent upon the results of any character or fitness investigation deemed necessary by the License Inspector, and I am aware that willfully withholding information or making false statements in connection with this application will be a basis for revocation of any permit issued. *It is my responsibility to obtain a copy of the "Do No Solicit" list at www.albany.ga.us and to abide by the City and County ordinances.* I agree to these conditions and certify that all information on this application is true and complete. **(Complete the back of this Form)**

Subscribed and sworn to before
 me this _____ day of _____ 20____

 Signature of Applicant

 Notary Public

City of Albany Hours of Operation:
 It shall be unlawful for any peddler or solicitor to engage in the business of peddling/soliciting between the hours of 5:00 p.m. and 9:00 a.m. the following morning, or except by specific appointment with or prior invitation from the prospective customer.

Approved/Disapproved: _____ Date: _____
 Director or License Inspector



CITY OF ALBANY / DOUGHERTY COUNTY BACKGROUND FORM



NAME: _____
Last First Middle

ADDRESS: _____
No Post Office Boxes, Physical Address Only

COUNTY: _____ CITY: _____ STATE: _____

SEX: _____ RACE: _____ DOB: ____/____/____ HGT: _____ WGT: _____ HAIR: _____ EYES: _____

CONSENT AUTHORIZATION

I do hereby authorize **THE CITY OF ALBANY** to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency.

Signature

Sworn to and subscribed before me

this _____ day of _____, 20_____.

Notary Public

Copy of Driver's License

Colored Photo