



## APPLICATION FOR CANVASSER, SOLICITOR, PEDDLER, & TRANSIENT MERCHANT

Name: \_\_\_\_\_

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

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

Name of Employer: \_\_\_\_\_

Product: \_\_\_\_\_

Manufactured By: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Method of Sales: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Chief of Police

\_\_\_\_\_  
Date

Date	Paid	Amount

AFFIDAVIT- PUBLIC BENEFITS

By executing this affidavit, as an applicant for the Town of Tyrone, Georgia I am stating the following with respect to my application for a Town of Tyrone \_\_\_ Adult Education program; \_\_\_ A Commercial Enterprise or Business; \_\_\_ A business license; \_\_\_ An Occupation Tax, \_\_\_ A professional license; \_\_\_ An alcohol beverage license; \_\_\_ An insurance company license; \_\_\_ or other public benefit; i.e. \_\_\_\_\_ (define)

I, \_\_\_\_\_ / \_\_\_\_\_ (Name) (applying on behalf of individual, business, corporation, partnership or other private entity)

(1) \_\_\_ I am a United States citizen

OR

(2) \_\_\_ I am a legal permanent resident, 18 years of age or older, or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality act, 18 years of age or older and am lawfully present in the United States\*

In making the above representation, 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 Code § 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Printed Name

\*\_\_\_\_\_/\_\_\_\_\_  
Alien Registration number for non-citizens Date of Birth

Subscribed or Sworn before me on the

\_\_\_ Day of \_\_\_, 20\_\_\_

Notary Public \_\_\_\_\_

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

\*Note: O.C.G.A. §50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the TYRONE POLICE DEPARTMENT to conduct an  
Criminal Justice Agency  
 inquiry and receive any Georgia criminal history record information pertaining to me which may be  
 contained in the files of any state or local criminal justice agency in Georgia.

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

This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.

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

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

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_  
 Purpose Code used: (check one)

<input type="checkbox"/>	Employment (E) -- Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
<input type="checkbox"/>	Public Records (P) -- Provides <i>Georgia Felony Convictions</i> Only

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

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached/released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

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

Released To \_\_\_\_\_

*Tyrone Public Safety*

945 Senoia Road • Tyrone, GA 30290

770-487-4732  
 Fax 770-487-1495