



Commercial Soliciting Permit Application

APPLICATION DATE: _____ Rcvd by: _____ (City Employee Initials)

Check One: Fixed Location _____ Door-to-Door _____

1. The applicant must submit this application with all the required documentation as follows:

PLEASE NOTE: Titleholder is the Property Owner / Manager and Applicant is the Responsible Person requesting the permit (in the case of a door-to-door solicitor, the applicant must be the actual person going door-to-door)

 - a. Completed application (attached)
 - b. **Notarized** S.A.V.E. Affidavit by applicant (attached)
 - c. **Notarized** E-verify Affidavit by applicant (attached-complete one or the other)
 - d. If at a fixed location, **Notarized** signature of titleholder of property (attached)
 - e. **Notarized** criminal consent form from the applicant (attached)
 - f. A copy of the applicant's current driver's license
 - g. If at a fixed location, plat or drawing of the property showing the setup of the sale, approved by the Paulding County Fire Marshal-770-222-1160. For events on the Corridor Overlay, please request a copy of the Corridor Overlay Ordinance to make sure you are in compliance with the requirements
 - h. A copy of a valid occupation tax certificate issued to the business by a jurisdiction in Georgia; if the business does not have one, we will collect an occupation tax from the business-this requires additional documents
 - i. \$1000 surety bond (See City of Hiram Code of Ordinances 12-305 (b) for details)
 - j. Proof of liability insurance, including \$500,000 combined limit product liability and property damage (See City of Hiram 12-305(c) for details)
 - k. Check, money order or cash in the amount of \$50.00 for the application fee. This is a non-refundable fee
 - l. Firework Stands: there is a \$500.00 fee to be paid at the time of submittal of application (Separate check)

****If upon review by staff, the application is incomplete, missing required documentation, missing payment, or unclear, it will not be processed until all information is provided*****
2. Contact Probate Court regarding requirement of a peddler's/itinerant merchant's license. 770-443-7541
3. Each business/sale/activity/sole proprietor must be permitted separately.
4. Certain situations may require additional permitting:
 - Firework Sales may require permitting from the Paulding County Fire Department-770-222-1160
 - Signs may require permitting from the City of Hiram-770-943-3726, ext. 2004
 - Construction &/or tent(s) larger than 10'x10' may require permitting from the Paulding Building Department-770-443-7571
 - Food Service businesses may require permitting from the Environmental Health Division-770-443-7877
5. All activity related to the solicitation shall occur only between the hours of 9:00am and 8:00pm, Eastern Time.
6. No business transaction and/or solicitation shall occur within 35 feet of any street, alley, road or highway.
7. Door-to-door applicants: it is unlawful to visit any residence where there is posted a "NO SOLICITORS" sign; it is unlawful to not leave the premises of any person when requested to do so
8. IT IS THE APPLICANT'S RESPONSIBILITY TO BE KNOWLEDGEABLE OF ALL FEDERAL, STATE AND LOCAL REGULATIONS FOR THE ACTIVITY REQUESTED.
9. If issued, the permit is good for a 14-day period. An applicant may only be issued one permit in a 6-month period. To obtain another permit after that time, the applicant must submit all required documents and fees. YOUR PREVIOUS APPLICATION WILL NOT BE USED FOR RENEWAL OR SERVE AS AUTOMATIC RENEWAL.
10. For door-to-door applicants, this application and permit will only apply to the named applicant; if at a fixed location, this application and permit may only apply to one location; under no circumstances are any permits transferable.
11. The permit can be revoked.
12. Permits issued must be posted in a visible location on site or on your person if going door-to-door.
13. A viable permit is signed by the Chief of Police and is sealed with the City of Hiram Seal. Photocopies cannot be used in lieu of an original permit.

THE CITY OF HIRAM REQUIRES A MIMIMUM OF 10 BUSINESS DAYS IN ORDER TO REVIEW, VERIFY DOCUMENTATION AND ISSUE YOUR PERMIT. NO EXCEPTIONS.

By signing this page you understand the requirements and agree to abide by all current ordinances and regulations regarding your permit to be issued. Failure to comply will result in immediate revocation of permit.

APPLICANT SIGNATURE

DATE

PLEASE PRINT ALL INFORMATION:

APPLICANT MUST COMPLETE PERSONAL/BUSINESS INFORMATION:

Person Completing Application/Responsible Party: _____

Address: _____ City: _____ State: _____ Zip: _____

Responsible Person Contact Phone: _____

Business Name: _____ Business Address: _____

Business Phone: _____

Email Address: _____ Fax Number: _____

Current Business License Number and Issuing Jurisdiction: _____

Location of Property Where Sale is to be Conducted: _____

Address / Nearest intersection or cross streets / Name of shopping center / Neighborhood

Will there be any tents at this location? If so, how many? _____ What size? _____

(10'x10' or greater requires add'l permit)

Parcel ID No. for property: _____ (you must provide this number in order for permit to be considered)

Description of nature of business and goods to be sold: _____

REQUESTED START DATE: _____ END DATE: _____

If a vehicle is to be used: Make: _____ Model: _____ Year: _____ Color: _____ Tag Number: _____

VIN: _____

Has the applicant ever been convicted of any crime, misdemeanor, or violation of any municipal ordinance involving theft, deception or injury to persons? Y / N If yes, please provide the nature of the offense and the punishment/penalty assessed.

Signature of Applicant: _____ Date: _____

Printed Name of Applicant: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE _____ DAY OF _____ IN THE YEAR _____.

TITLEHOLDER MUST COMPLETE INFORMATION: (if at a fixed location)

Name _____ of _____ Property _____ Titleholder _____ Company: _____

at _____ titleholder _____ company: _____ Contact person _____

_____ Address: _____ City: _____

_____ State: _____ Zip: _____ Phone: _____ Titleholder

contact _____ phone: _____ **Signature must be Notarized Below**

/ Application not accepted without notary signature

I, as titleholder/representative/approved agent, hereby grant permission for the above-referenced activity on my property and understand that the applicant may only be issued one permit in 6 months, for a maximum of 14 days per permit.

Titleholder Signature: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS, THE _____ DAY OF _____ IN THE YEAR _____.

Notary Public Signature _____ My Commission Expires _____ Seal _____

CITY OF HIRAM

S.A.V.E. Affidavit Verifying Status for Business Transactions with City of Hiram

By executing this affidavit under oath, as an applicant for a City of Hiram *Commercial Soliciting Permit*,

I am stating the following with respect to my application to The City of Hiram for the license, permit or other public benefit as indicated above.

_____ [Applicant's Name]

_____ [Name of Business]

[check the blank that applies below]

1) _____ I am a **United States citizen** 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit, which can best be described as:

OR

2) _____ I am a **legal permanent resident** 18 years of age or older or I am an otherwise qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* All persons that check this box must be verified through DHS's SAVE program. (Must include a copy of your current State Driver's License and either a copy of your Permanent Resident Card or Employment Authorization Card)

In making the above statement 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. Section 16-10-20.

NOTARIZATION REQUIRED:

Signature of Applicant

Date

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

Printed Name

Notary Public

*Alien Registration number for non-citizens

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(3)(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 below:

Alternate Identifying number for qualified aliens who do not have an A.R. number

Return to: City of Hiram, 217 Main Street, Hiram, GA 30141

Please supply an E-mail address which the City may use for any future correspondence to your firm or to request this form in subsequent years:

E-mail _____

Private Employer / E-Verify Affidavit

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **more than ten (10) employees**¹.

***** If you select Section 1(A), please fill out Section 2 and then execute below. *****

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed **ten (10) or fewer employees**.

***** If you select Section 1(B), please skip Section 2 and execute below. *****

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

E-Verify Number
(Federal Work Authorization User Identification Number)

_____ - _____ - 201_____
Date of Authorization

THIS FORM MUST BE NOTARIZED

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ of _____, 201____ in _____, _____
Day Month Year City State

Name of Employer

X _____
Signature of Authorized Officer or Agent

X _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

¹ To determine the number of employees for purposes of this 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.