



City of Douglasville
6695 Church St. P.O. Box 219 Douglasville, GA 30134
Application For a Transient Merchant/ Peddler Permit

Applicant's Name

First

MI

Last

DBA Name

Corporation Name [If Applicable]

Physical Business Location

Business Classification

Street

Apt/Suite/Lot

City, State, Zip

Business License No.

Email

Primary Phone

Secondary Phone

Applicant's Registered Agent (May Be Same as the Applicant if a Sole Proprietor that is a Georgia Resident)

Agent's Home Address

Street

Apt/Suite/Lot

City, State, Zip

THE UNDERSIGNED AGENT HEREBY CONSENTS TO RECEIVE SERVICES OF ANY PROCESS, NOTICE OR DEMAND ON BEHALF OF THE APPLICANT AT THE ADDRESS SHOWN FOR THE AGENT:

PLEASE CHECK ONE:

Corporation

LLC

Partnership

Other

Agent's Signature

Date

Business Activities to Be Conducted:

Start Date: End Date: Please check one: Mobile Stationary

PLEASE NOTE THAT PERMITS ARE ONLY VALID FOR 15 CONSECUTIVE DAYS

Location Address

Street

Suite/Bldg/Lot

City, State, Zip

Owner/ Lessee's Consent Form Completed and Attached:

Applicant's Initials

Any Structure Used to Store Inventory, Samples, or Materials at the Point of Sale is: (Check One Below)

Motorized

Non-Motorized

Structure size:

The structure will be removed from the exterior of the property at the close of business each day:

(Applicant's Initials)



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Application For a Transient Merchant/ Peddler Permit

CONTINUED

I, the undersigned Applicant, do hereby apply for a permit to conduct business within the City of Douglasville, Georgia as a Peddler or Transient Merchant in the manner and at the address specified in this application, and do certify that the foregoing information is true and correct.

Applicant's Signature

Date

For any questions about this application contact Marsha Stevenson at City Hall.
P# 678.449.3078 F# 678.449.3079 stevensonm@douglasvillega.gov

Internal Use Only:

This aforementioned Address is *Approved* *Denied* for use as a location for a a Peddler/ Transient Merchant.

Building Official Signature

Date

Finance Department Checklist:

Fees Paid

Owner/Lessee Consent Form Provided

LLC/INC Documents Provided (If applicable)

Special Outdoor Permit Applied/Paid for (\$100 Application Fee)



GCIC Criminal History Consent Form

I hereby authorize the Douglasville Police Department or any other Federal, State or Local agency to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned which may be found in the files of any Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.

Full name-print

Address

Sex

Race

Date of Birth

Social Security Number

Signature

DO NOT WRITE BELOW THIS LINE- FOR OFFICIAL USE ONLY

Meets Criteria _____

Has Not Met Criteria _____

Search conducted by: _____ Date: _____

Signed before me the ____ day of _____, 20__ BY: _____
Copy of identification attached.

SEAL

Notary Public, State of Georgia