



**TRANSIENT MERCHANT / PEDDLER / SOLICITOR FOR SUBSCRIPTIONS APPLICATION**  
**City of Waycross \* P.O. Drawer 99 \* Waycross, Georgia 31502**  
**(912) 287-2944, Office \* (912) 287-2948, Facsimile**



APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S PERMANENT ADDRESS & PHONE: \_\_\_\_\_

APPLICANT'S LOCAL ADDRESS & PHONE: \_\_\_\_\_

IF AN INDIVIDUAL, APPLICANT'S: DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

IF THE APPLICANT IS A PARTNERSHIP OR CORPORATION:

CORPORATION NAME : \_\_\_\_\_

CORPORATE ADDRESS: \_\_\_\_\_

State and Date of Corporation: \_\_\_\_\_

FEDERAL EMPLOYER ID #: \_\_\_\_\_ GEORGIA SALES TAX #: \_\_\_\_\_

OWNERSHIP INFORMATION (List all owners, partners or corporate officers including corporate registered agent.):

| NAME | OWNERSHIP INTEREST | HOME ADDRESS | HOME TELEPHONE |
|------|--------------------|--------------|----------------|
|      |                    |              |                |
|      |                    |              |                |
|      |                    |              |                |
|      |                    |              |                |
|      | REGISTERED AGENT   |              |                |

IF A PARTNERSHIP OR CORPORATION, WHO IS THE PRINCIPLE REPRESENTATIVE IN THE CITY OF WAYCROSS:

NAME: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

EMPLOYEES WORKING IN WAYCROSS

| NAME | HOME ADDRESS | HOME TELEPHONE |
|------|--------------|----------------|
|      |              |                |
|      |              |                |
|      |              |                |

NAME OF BUSINESS REPRESENTED BY THE APPLICANT IF DIFFERENT FROM THE APPLICANT:

PERMANENT ADDRESS: \_\_\_\_\_

NAME, ADDRESS AND PHONE NUMBER OF AGENT CONDUCTING SALES IF ANY: \_\_\_\_\_

LOCAL ADDRESS AND TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF MERCHANDISE OR SERVICE TO BE OFFERED FOR SALE: \_\_\_\_\_

\_\_\_\_\_

PLACE WHERE BUSINESS TO BE CONDUCTED: \_\_\_\_\_

DATES, HOURS AND MANNER IN WHICH BUSINESS WILL BE CONDUCTED: \_\_\_\_\_

GEORGIA SALES TAX NUMBER: \_\_\_\_\_ GEORGIA LICENSE NUMBER: \_\_\_\_\_

LIST EACH VEHICLE TO BE USED IN BUSINESS

| MAKE | MODEL | STATE | TAG NUMBER |
|------|-------|-------|------------|
|      |       |       |            |
|      |       |       |            |
|      |       |       |            |

LIST ALL CITIES WHERE BUSINESS HAS BEEN CONDUCTED BY THE APPLICANT WITHIN THE TWELVE (12) MONTHS PERIOD IMMEDIATELY PRECEEDING THE APPLICATION. THE LICENSE SHALL BE SIGNED UNDER OATH BY THE APPLICANT.

\_\_\_\_\_  
\_\_\_\_\_

LIST ANY AND ALL FELONY CRIMINAL CONVICTIONS INVOLVING MORAL TURPITUDE OF THE APPLICANT WITHIN FIVE (5) YEARS PROR TO THE DATE OF THE APPLICATION.

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES – PLEASE LIST THREE (3) REFERENCES, WITH ADDRESSES AND TELEPHONE NUMBERS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submission of this application, the applicant acknowledges that he/she is aware that a license issued under these provisions may be revoked for false statements or misrepresentation as to the material fact in the application which the license was based. The applicant further acknowledges that he/she is aware that any knowingly false statements made in the application will subject said applicant to possible prosecution. Georgia Criminal Code Section 16-10-712 (False Swearing) calls for a possible fine of not more than \$1,000.00 or imprisonment for not less than one (1) nor more than five (5) years or both. All statements made in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

**INSPECTIONS AND APPROVALS**

FOR OFFICE USE ONLY

Inspection Department  Approved  Denied by \_\_\_\_\_ Date \_\_\_\_\_

Fire Department  Approved  Denied by \_\_\_\_\_ Date \_\_\_\_\_

Tax Classification: \_\_\_\_\_ Tax Rate: \_\_\_\_\_ SIC/NAICS Code: \_\_\_\_\_