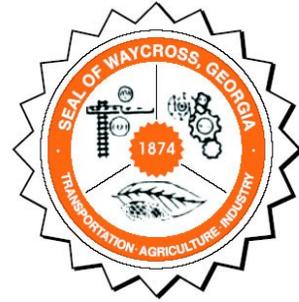


CITY OF WAYCROSS, GEORGIA



Solicitation Permit

Fee \$20.00

Dates Valid: (From): _____ (To): _____

Location of Distribution: _____

Time: (From): 10:00 a.m until 7:00 p.m.

Permit Issued To:

Name: _____

Address: _____

Telephone #: _____

Organization: _____

I have been provided with a copy of the Solicitation Ordinance of the City of Waycross and I agree to abide by this ordinance.

This permit is to be used ONLY for door-to-door (residential) solicitation Anyone who does not abide by this rule will be PROSECUTED A criminal background check is required.

Permittee's Signature

City Clerk (SEAL)

Date: _____

City Clerk's Office
P.O. Drawer 99 Waycross, GA 31502-0099 (912) 287-2964