

CITY OF ELBERTON
 APPLICATION FOR PEDDLERS PERMIT
NON-PROFIT
 P. O. BOX 70
 ELBERTON, GEORGIA 30635

Permit Fee: (Event maximum 30 days)	\$15.00 <input type="checkbox"/>
Beginning	
Ending	

Application for a NON-PROFIT permit shall be made at least fourteen (14) days before the applicant desires to begin conducting his or her business within the City of Elberton, Georgia. The following information must be completely and accurately supplied by the applicant.

APPLICANT INFORMATION:	
1.	Full Legal Name of Applicant (first, middle, last):
2.	Home Street Address:
3.	City, State, Zip
4.	Home Phone Number Mobile Phone Number
5.	Driver's License Number (attach copy) Social Security Number
ORGANIZATION INFORMATION:	
6.	Name of Organization
7.	Permanent Location of Organization (Street Address)
8.	City, State, Zip
9.	Organization's Phone Number Day Number (if different)
10.	Copy of your articles of incorporation stating non-profit organization status. Your permit will not be issued until after this information is verified. Initial if document is attached _____. If not, please explain:
11.	If food is cooked on site a permit must be obtained from the health department. Initial if document is attached _____. If not, please explain:

PRODUCT INFORMATION:			
12.	Brief description of nature of business and goods to be sold.		
13.	Proposed location you plan to solicit business. MUST NOT INTERFERE WITH TRAFFIC (written permission from property owner MUST accompany this application).		
VEHICLE(S) TO BE USED IN THE CITY OF ELBERTON DURING SOLICITATION (IF APPLICABLE):			
14.	License Plate Number	Make/Model	Color
15.	License Plate Number	Make/Model	Color
CRIMINAL HISTORY:			
16.	Have you ever been convicted of any crime, misdemeanor, violation of any municipal ordinance, other than traffic violations?		
17.	If yes, please list the offense, and the location and date of offense, for which convictions were had:		

I hereby certify that all information contained in this application is true and correct and I do hereby give my consent to a background check to be conducted by the City of Elberton Marshal at his discretion. I have also read and understand the rules and regulations governing this permit.

Applicant Signature: _____ Date: _____