



Door to Door Solicitation Packet

Before submitting this packet the Door to Door solicitor must have an Occupational Tax Certificate. To obtain an Occupational Tax Certificate the solicitor must complete all forms from Oconee County Code Enforcement Office. Additional fees for the Occupational Tax Certificate may be required; these fees are different for the Door to Door Permit.

SOLICITOR PERMIT REGISTRATION

Oconee County Sheriff's Office
 1140 Experiment Station Road Watkinsville, GA 30677
 706-769-3945 www.oconeesheriff.org



Each person soliciting for commercial purposes must be individually permitted. Please complete all forms in this packet and return to the Oconee County Sheriff's Office.

PLEASE COMPLETE ALL LINES

Name of Solicitor			
Home Address			
Phone Number(s)	Business	Corp	Home
Email Address (certificates are emailed)			
Identification Numbers	Federal Tax ID #	Occupational Tax Cert #	
Name of Business			
Mailing Address			
Location (Business Address)			
Corporation Address <i>Attach List of officer's name and address (If applicable)</i>			
	Name of Supervisor	Contact Number	
Are you a citizen of the United States? (If "NO," please ask for SAVE form and complete)	YES		No
If your business is required by law to have a Georgia Sales and Use Tax Number, enter ID number			
	E Verify Number (If applicable)	Required if you have more than 10 employees	
Business Description			
Name of Product or Service			

EACH SOLICITOR MUST COMPLETE THE ATTACHED OCONEE COUNTY SHERIFF'S OFFICE CONSENT AND THE SOLICIATOR SHERIFF'S OFFICE APPROVAL REPORT

INVESTIGATIVE FEE	\$50.00
PERMIT FEE	\$50.00
TOTAL DUE:	\$100.00

Please make money orders payable to Oconee County Sheriff's Office.
 We also accept cash (in person only).

Georgia Code Section 16-10-71 provides that a person who makes a lawful oath or affirmation or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.

If approved, applicant engaging in solicitation must maintain upon their person the Oconee County issued Door-to-Door Solicitor's Permit and produce said permit upon demand of any person.

By signing below, you certify you are the person duly authorized to file this application, and all required statements and that the same is true, correct and complete. This permit expires 14 days from date of issue and may be renewed only once during the calendar year, providing no complaints against the solicitor have been received.

Applicant's Printed Name and Signature
Date

SOLICITOR PERMIT SHERIFF'S OFFICE APPROVAL REPORT



PLEASE COMPLETE ALL LINES

Name			
Home Address			
Email Address			
Required Information	Phone	Race	Sex
	Date of Birth	Place of Birth	
	Driver License Number	Issuing State	
	Height	Weight	
	Hair Color	Eye Color	
Name of Business			
Location (Business Address)			
Description of Product or Service			
List all arrests, convictions, and the disposition of each charge, other than minor traffic violations Attach sheet if needed			
Oconee County Sheriff's Office Approval			
Recommend Approval			
Recommend Denial			
Comments			

Applicant's Printed Name and Signature

Date

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 20__ in _____(city), _____(state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

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

NOTARY PUBLIC

My Commission Expires:

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

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

Executed on _____, ____, 20__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Oconee County Sheriff's Office to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for _____ days from date of signature.

I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature Date

Attorney for Individual (Pur E and U Only) Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
 Wanting Agency Telephone: _____

Agency Designee Signature and Title Date