City of Alpharetta Rules and Required Documentation for Permits and Screening Process

The permit is required to be on your person while working and must be produced upon request. The permit fees are non-refundable.

If permit is lost, a replacement permit can be printed and picked up from the Records Office of the Alpharetta Department of Public Safety during business hours for a cost of $5.00. Expiration date will remain the same.

Required Documentation for the Permitting Process:

- Federal or State issued Photo Identification

You will be DENIED the Door to Door Solicitation Permit if you do not meet the City of Alpharetta Ordinance requirements below:

- *Who has been convicted of a felony or crime of moral turpitude within five years of the date of the application; For the purposes of this section, a plea of nolo contendere shall constitute a conviction.*

After 3 business days, please call the Front Desk to check the status of your permit and verify if it is ready to be picked up by calling:

(678) 297-6306

Updated: 3/22/2021

*****READ THE PARAGRAPH BEFORE COMPLETING APPLICATION*****

PIC _____
S.S _____
SIG _____
AFF _____

ALPHARETTA POLICE DEPARTMENT PERMIT APPLICATION

The undersigned individual hereby respectfully requests the issuance of a permit to work in the City of Alpharetta as approved by the City of Alpharetta rules and regulation as well as other State and Local ordinances. It is understood that any omission or falsification of the facts below will result in the denial of this permit and a refund for the application will not be issued.

PLEASE CHECK POSITION: Management: ☐ Server: ☐ Bartender: ☐ Other: ☐

Pouring Permit $50.00: ☐ Precious Metal $50.00: ☐ Massage $50.00: ☐

Door to Door Solicitation $100.00: ☐ Package/Liquor Store $50.00 ☐

PLACE OF EMPLOYMENT (Print Clearly and Legibly) EMPLOYMENT ADDRESS

NAME OF APPLICANT: Last: _____ First: _____ MI: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS OF APPLICANT: _____ CITY: _____ STATE: GA ZIP: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ SEX: CHOOSE _____ RACE: CHOOSE _____

HEIGHT: ____ FEET ____ INCHES WEIGHT: _____ EYES: _____ HAIR: _____

Do you have a current or expired permit with Alpharetta? No: ☐ Yes: ☐

Permit expiration date: _____

Have you ever been arrested or taken into custody and charged with a driving or criminal law violation in any of the 50 United States? Be specific and truthful as your criminal return will show all arrests for the entire US. No ☐ Yes ☐

***Failure to check one of the boxes or omissions will result in this application being denied* !**

I have read this application completely and understand it. I also understand that the permit fee is non-refundable.

X _____ Date: _____

Signature Required

SSN: _____

(Office Use Only)

APPROVED/DENIED: _____

CITY OF ALPHARETTA
GEORGIA CRIMINAL HISTORY RECORD INFORMATION REQUEST AND CONSENT FORM

1) This Request Is For: (Check Only One)

□ Employment □ Military ☒ Licensing □ Personal Use □ Other Use Not Listed (E)
□ Interna. onal Travel □ Firef ghters Employment □ Taxi Permit □ Precious Metals □ Massage Therapy Permit (E)
□ Prospective Adoptive/Foster Parents (E + Note & 2 copies)
□ Employment Working With The Elderly (N)
□ Employment At A Child Care Facility, School, or Other Jobs Involving Children (W)
□ Employment Working With The Mentally Ill (M)
□ Firearms/Toting Permit (F)
□ Police Ride Along Request (C) □ Police Department Vendor/Contractor/Visitor (C)
□ Criminal Justice Employment – Non Sworn (J)
□ Police Officer Pre-Employment (Z)
□ Alpharetta Parks and Recreation Employment (E) □ Alpharetta Liquor Licensing (E)

2) A History Is Requested On The Following Person:

Name:_____ _____ _____
Last First Idle

Social Security Number:_____ _____ _____ Sex: CHOOSE

Race (check one): CHOOSE

Date Of Birth:_____ _____ _____ Phone Number:_____-_____-_____
Month Day Year

3) Person Requesting Criminal History (person permitted to pickup request):

Name:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX _____ _____
Last First Middle

Company (if applicable):_____

Address:_____ Phone:XXXXXXXXXXXXXXXXXXXX

City/State/Zip:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX_____ eMail:XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

4) In making this request, I hereby give consent for an inquiry to be made of my Georgia Criminal History. I also give permission for this history to be inquired within the next (circle one) 90 / 180 / ____ days from the date on this request. I agree that the Alpharetta Police Department, its employees, heirs, trustees, etc., shall in no way be held at fault for the use or misuse of this record once it has been delivered to me. A photocopy of this request will be placed on file and is valid as an original hereof, even though the photocopy does not contain an original signature. Incomplete requests will be denied. This report is considered accurate at time of inquiry and may change at anytime**. I also understand that the required payment (if applicable) is due upon request.**

Service	Fee
General Criminal History Request	$15

Results will be made available within five (5) business days. Unclaimed results will be destroyed in fourteen (14) days and an additional request must be resubmitted.

Photo copy of a legal government ID must accompany this request.

_____ _____
Signature of person whom criminal history is being inquired Date

Bhb 10/08/2018

Official Use Only

Results:_____

GCIC Tech:_____ ARN: _____ __ _____

Date Submitted _____/_____/_____

Inquiry Date_____/_____/_____

ADDITIONAL REQUIRED DOOR TO DOOR SALES APPLICANT INFORMATION

VEHICLE INFORMATION:
Description and license plate number of all vehicles intended to be operated by the applicant:

Make/Model	Color	Vehicle Tag Number
		_____

RESIDENCE INFORMATION
List all of the applicant's places of residence for the past three (3) years from the most to the least recent. Note month and year of residence.

Residence From	Residence Until	Street Address	City	State

EMPLOYMENT INFORMATION:

Complete this information with the person or association by whom the applicant is employed or represent.

Business Name: _____ Supervisor: _____

Business Address: _____

Length of Employment: _____

List all the names and addresses of all of the applicant's employers for the past three (3) years if other than the present employer.

Date Employed To	Date Employed From	Company Name and Address

COMPLETE DESCRIPTION OF ITEMS BEING SOLD: Include the names of magazines, books or journals to be sold. BE SPECIFIC

PROPOSED METHOD OF OPERATION: (Door to Door, Flyers etc.)

Date of Last Solicitation Permit Application: _____

Most Recent 3 Communities you Solicited In: _____

Date Permit Requested From: _____ To: _____

Proposed Routes:
Including streets and neighborhoods to be included on each day, which the applicant intends to follow. Please note, if you include any neighborhood on the City of Alpharetta's "No Door to Door Solicitation" neighborhoods your application will be denied.

Please initial the following statements below:

_____ I have received a copy of the City of Alpharetta's "No Door to Door Solicitation" list and have read the City of Alpharetta's Solicitation ordinance.

_____ I understand that if I violate the City of Alpharetta's "No Door to Door Solicitation" list or violate the City of Alpharetta's Solicitation ordinance I am subject to arrest and prosecution.

_____ I understand that if I am found to be in violation of any of the provisions in the City of Alpharetta's Solicitation ordinance or am found to be soliciting at a residence found on the City's "No Door to Door Solicitation" list, I am subject to arrest and a fine of no less than $250.00 and no more than $1000.00.

_____ I understand that each day any violation of the City of Alpharetta's Solicitation ordinance constitutes a separate offense.

NOTE: Before signing this application, check all answers and explanations to see that you have answered all questions fully and correctly. This application is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith. Applicant understands that any permit issued pursuant to this application is conditioned upon the truth of the answers and statements made herein and that any false answers and statements herein and constitute cause for the suspension or revocation of any permit issued pursuant to this application.

I _____ do solemnly swear, subject to the penalties of false swearing, that statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

_____
Applicant Signature and Date