



CITY OF KENNESAW BUSINESS LICENSE OFFICE

2529 J.O. Stephenson Ave, Kennesaw, GA 30144

P: (770) 424-8274 F: (770) 429-4559

www.kennesaw-ga.gov

SOLICITATION FEE \$ 25.00

TIME LIMIT: 30 DAYS

SOLICITATION PERMIT APPLICATION

Business Name

Business Address

City/ State/ Zip

Phone

Fax Number

Email Address

Name of Applicant

Home Address

Phone

SSN

Make, Year, and Model of vehicle:

Driver's License #:

Please check one of the following:

() Charitable Organization () Business Solicitor () Door- to- Door Solicitor () Fundraising Counsel

Nature of goods, wares, merchandise, services, or other things of value:

Proof of association with business or Charitable Organization (required):

List all persons assisting in the soliciting, or calling from house to house in the City of Kennesaw. Include consent form for each person. (Shall not exceed 4 solicitors).

-
- 1.
 - 2.
 - 3.
 - 4.

Attach a separate list if more spaces are needed. Maximum 25 persons per permit. Permits are limited to 30 days. Hours from 9:00am to 6:00pm.

I understand that this permit is a privilege, and it may be revoked at anytime. I am also aware that soliciting or canvassing outside the allowed hours can result in revocation of this permit, and or a citation. In addition I understand that my business must conform to all rules and regulations of the City of Kennesaw, and I must produce a copy of this permit upon request.

Applicant Signature:

Applicant Print Name:

Dates of Door to Door Solicitation:

Business License Clerk:

Date:

Police Chief or Designee:

Date:

PERMIT ISSUED: _____

PERMIT EXPIRES (Date & Time): _____



City of Kennesaw Solicitation License

Permit No. S-

Renewal? Yes or No

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize City of Kennesaw Police Department to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by the state and federal law. City Ordinance 22-121 Solicitation Licensing.

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

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

_____ Signature

_____ Date

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E- Solicitation License
<input type="checkbox"/>	M- Working with Mentally Disabled
<input type="checkbox"/>	N- Working with Elderly
<input type="checkbox"/>	W- Working with Children
<input type="checkbox"/>	P- Public Records (no consent required)
<input type="checkbox"/>	F- Probate Court/ Weapons Carry License

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: _____

Have you ever been **arrested, charged** and/**or convicted** of a crime in this Country or any other Country for any offense **in the last five (5) years**? Yes _____ No _____

If yes, please list:

Note: Please list all arrests within the last five years regardless of the disposition of the case

Offense/Charge	Arresting Agency	Date	Disposition

Are you **currently** on probation or parole for a drug or alcohol offense? Yes _____ No _____

I have received and read a copy of the Kennesaw Ordinance pertaining to obtaining a solicitation permit.
Yes _____ No _____

I hereby certify that all information given by me on this application is complete and true to the best of my knowledge. I further understand that **any falsification or intentional omission of requested information will result in denial of my application for a solicitation license.**

Signature of Applicant

For Department Use Only:

GCIC Operator #:

Reviewed by Chief of Police or designee

Reviewed by Business License Clerk or designee:

Approved _____ Denied _____

City Signature