

Permit Holders Name: \_\_\_\_\_ Permit #: \_\_\_\_\_

## Holly Springs Police Department

### **Solicitation Permit**

Each Permit Requires the Following

- A. \$45.00 Application Fee
- B. \$45.00 Renewal Fee
- C. Completed Application and Picture I.D

**Please indicate the permit you are applying for A or B**

(Cash or Money Order Only)

Thank you,

Records Clerk

3235 Holly Springs Parkway  
Holly Springs GA 30115  
770 345-5537 Fax 770- 345-5610

Permit in Effect: \_\_\_\_\_

Company Name: \_\_\_\_\_

**BADGE MUST BE RETURNED AT THE END OF PERMIT  
PERIOD.**

# Holly Springs Police Department

Permits Section

Work Permit Application

INSTRUCTIONS: FILL IN ALL BLANKS WITH COMPLETE AND ACCURATE INFORMATION OR YOUR APPLICATION WILL *NOT* BE PROCESSED AND YOUR FEE WILL BE FORFEITED.

TYPE OF PERMIT: SOLICITORS, PEDDLERS, AND ITINERATE MERCHANTS  
CHECK ONE: NEW ( ) RENEWAL ( )

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ WORK NUMBER (\_\_\_\_) \_\_\_\_\_

LIST MAIDEN NAME, ALL MARRIED NAMES, ALIAS, AND ALL OTHER NAMES USED BELOW:

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

U.S. CITIZEN: YES ( ) NO ( ) ALIEN REGISTRATION NUMBER \_\_\_\_\_

DATE AND PORT OF ENTRY \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ STATE \_\_\_\_\_

BUSINESS NAME AND ADDRESS WHERE YOU ARE EMPLOYED AND THE PERMIT IS REQUIRED:

YOUR POSITION OR JOB WITH THE ABOVE BUSINESS: \_\_\_\_\_

YOUR LAST PLACE OF EMPLOYMENT, INCLUDING CITY AND STATE:

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NOTARY SIGNATURE DATE

**City of Holly Springs  
Georgia Crime Information Center  
Consent Form**

I hereby authorize the Holly Springs Police Department and the City of Holly Springs to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Please PRINT below except on the signature line. It MUST be signed in the presence of the notary public in order for this consent form to be valid.

Last Name	First Name	Middle Name	Maiden Name	
Street Address		City	State	Zip Code
Sex*	Race*	Date of Birth	Social Security Number	
Signature			Contact Telephone	
ID / DL State	ID / DL Number		Date	

\*Note – ONLY Valid Sex Codes are M=Male, F=Female, U=Unknown / ONLY Valid Race Codes are W=White, B=Black, A=Asian or Pacific Islander, I=American Indian or Alaskan Native, U=Unknown

**Request Provisions (one of the following must be checked):**

- Employment (other than one of the below special provisions)
- Employment with mentally disabled
- Employment with elder care
- Employment with children
- Employment with criminal justice agency – non-sworn
- Employment with criminal justice agency – sworn
- Other: \_\_\_\_\_

**One of the following must be checked:**

- This authorization is valid for 90/180/\_\_\_\_ (circle one) days from date of signature.
- I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Subscribed and sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
**NOTARY PUBLIC**

Agency Use Only

NO RECORD FOUND

Date Processed: \_\_\_\_\_ SID: \_\_\_\_\_ FBI: \_\_\_\_\_

Operator Initials: \_\_\_\_\_ Dissemination:  Mailed  Picked Up