



4035 WALNUT CIRCLE / P.O. BOX 99
 OAKWOOD GA 30566
 770-534-2365

APPLICATION FOR PEDDLER LICENSE

License Application: All requests for a license must be provided to the Police Chief. The Chief shall issue a decision within ten business days of the application being filed.

Individual License Required: Each individual person seeking to peddle must obtain a license. If the applicant is working for another individual or corporation or other business entity, that information must be disclosed on the application and the license, if granted.

Required Information: the following information must be completely and accurately supplied by each applicant.

APPLICANT

Name:

Address:

Local Address:

Name Of Corporation (Employer):

Corporate Address:

Address Of Oakwood Office Or Closest Branch:

(Attached) Letter Of Consent Form Property Owner

APPLICATION

Height:

Weight:

Age:

Sex:

Race:

Social Security Number:

(Attached) Photocopy Of Driver's License Or Official Photo Identification

Describe in a short paragraph the proposed peddling activity, including the type of business, and the goods or services to be sold:

Type of vehicle (if applicable):

Vehicle License Plate:

Duration of License (maximum 10 days: _____

New Renew

LOCATION

Street Address:

Tax Parcel# (optional):

Any additional information as required by the Oakwood Police Chief.

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 Oakwood Police chief at his discretion.

Attached: Background form Fingerprints

Approval by Fire Marshal (if required)

Applicant Signature:

Date:

Approved for Issuance:

Date:

License Fee:

Received:

Check #

Oakwood Police Department

4009 Railroad Street
Post Office Box 99
Oakwood, Georgia 30566
770-534-2364
Fax: 770-532-9885



Randall K. Moon
Chief of Police

Criminal History Consent Form

I hereby authorize the Oakwood Police Department 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.

Full Name (print) (include Maiden name)

Address (No P.O. Box)

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with criminal justice agency – non-sworn (Purpose code 'J')
- Employment with criminal justice agency – sworn (Purpose code 'Z')

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.

NOTARY

DATE

Record On File _____

Record Not On File _____



"The Proud City"