SOLICITATION PERMIT
(Business; Charity/Non-Profit/Political)

PERMIT TYPE REQUESTED

Charity / Non-Profit / Political Permit ($0 Fee) 6 months

To apply for a Charity/Non-Profit/Political Solicitation Permit within the City of Milton, applicants must complete the following:

1. Complete and sign pages one (1) to five (5) of this application;
2. List all individuals participating in the solicitation; and
3. Provide a copy of applicant’s driver license or state issued identification.

Required pages must be completed in their entirety. Please follow all instructions and be prepared to provide all necessary documentation when submitting the application.

*Charities, Non-Profits, and Political candidates are prohibited from soliciting in a right of way between the hours of 7 a.m. to 9 a.m. and 5 p.m. and 7 p.m.*

The City of Milton, upon receipt of the Charity/Non-Profit/Political Solicitation Permit application, reserves the right of up to 7 business days to process the application and to make a determination in issuing said Permit. Charity/Non-Profit/Political Solicitation Permits are valid for a period of 6 months from the date of issue.

NOTE: Charity/Non-Profit/Political Solicitors should refer to Milton’s Code of Ordinances Chapter 36, Article III in its entirety, which is included on the following page.

Business Solicitation Permit ($195.00 Fee) 6 months

To apply for a Business Solicitation Permit within the City of Milton, applicants must complete the following:

1. Complete and sign application and all forms included in this packet;
2. Complete fingerprint verification; and
3. Provide a copy of a driver license or state issued identification.

All forms must be completed in their entirety. Please follow all instructions and be prepared to provide all necessary documentation when submitting the application.

The City of Milton, upon receipt of the Business Solicitation Permit application, reserves the right of up to 7 business days to process the application and to make a determination in issuing said Permit. Business Solicitation Permits are valid for a period of 6 months from the date of issue. Business Solicitation Permit fees are based per individual; all fees will apply.

NOTE: Solicitors should refer to Milton’s Code of Ordinances Chapter 36, Article II in its entirety, which is included on the following page.
CITY ORDINANCE REGARDING CHARITY/ NON-PROFIT/ POLITICAL SOLICITATION

Chapter 36, Article III of City of Milton Code of Ordinances

DIVISION 1. - GENERALLY

Sec. 36-82. - Definitions.
The following words, terms and phrases, when used in this article, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning:

Charitable organization means those entities defined and registered as provided in O.C.G.A. § 43-17-1 et seq.

Public area means an area to which the public or a substantial group of persons has access including, but not limited to, alleys, bridges, buildings, driveways, parking lots, parks, play grounds, plazas, sidewalks and streets that are open to the general public.

Solicit means to request an immediate donation of money or other thing of value from another person including employment, business or contributions or to request the sale of goods or services.

Sec. 36-83. - Applicability.
This article regulates the time, place and manner of solicitations and shall not apply to any persons exercising their clearly established constitutional right to picket, protest or engage in other constitutionally protected activity.

DIVISION 2. - PERMIT

Sec. 36-103. - Required.
It shall be unlawful for any person to solicit within any public right-of-way in the city; provided, however, recognized charitable organizations and governmental entities may solicit within the public right-of-way provided they first obtain a permit in accordance with article II of this chapter. Permitted charitable solicitation shall not take place within the public right-of-way between the hours of 7:00 a.m. and 9:00 a.m. and 5:00 p.m. and 7:00 p.m.

CITY ORDINANCE REGARDING BUSINESS SOLICITATION

Chapter 36 of City of Milton Code of Ordinances

Article II, Section 40 (e): No permit shall be issued to any person who has been convicted of a felony or crime of moral turpitude within (5) years of the date of the application; nor to any person who has been convicted of a violation of any of the provisions of this article; nor to any person whose permit issued hereunder has previously been revoked as herein provided.

Article II, Section 62 (d):
(1) It is hereby declared to be unlawful and shall constitute a nuisance for any person, whether licensed under this article or not, to go upon any premises and ring the doorbell upon or near any door of a residence located thereon, or rap or knock upon any door to create any sound in any other manner calculated to attract the attention of the occupant of such residence, for the purpose of securing an audience with the occupant thereof and engage in soliciting, prior to 10:00 a.m. or after 6:30 p.m., Eastern Standard Time, or before 10:00 a.m. or after 7:00 p.m. Eastern Daylight Savings Time, Monday thru Saturday, or at any time on Sunday, or on a state or national holiday.
(2) Solicitations for political purposes shall not occur prior to 10:00 a.m. or after 7:00 p.m., Eastern Standard Time, or before 10:00 a.m. or after 7:00 p.m. Eastern Daylight Savings Time.
APPLICANT INFORMATION (Please print)

Last Name: _____________________   First Name: ___________________   Middle Name: ______________
Alias/Stage Name: ____________________________________________________________
Date of Birth: ___ / ___ / ____    Birthplace City: _____________________  Birthplace State: ___________
SS# _____-_____-________                  Sex:  ____ M    ____ F                   Race: ________________________
Height: ___’ ___”    Weight: _____________        Hair Color: _____________       Eye Color: _____________

Home Address: _______________________________________________________________________________
City: ___________________________________    County: _________________________    State: __________
Zip___________

How long has applicant been a resident at this address?  ___________ months   ____________ years 
If less than three years list previous addresses below:

________________________________________________________  Time at residence: ______________
________________________________________________________  Time at residence: ______________
________________________________________________________  Time at residence: ______________

Home Phone: _____ - ______ - ___________                   Mobile/Cell Phone: _____ - ______ - ___________
Email:  ________________________________________________________________________________________

BUSINESS INFORMATION (Please print)

Business Name: _______________________________________________________________________________

Business Address: _____________________________________________________________________________
City_______________________________    County ___________________    State________     Zip__________

How long has business been located at this address?  ___________ months   ____________ years 
If less than three years list previous addresses below:

_____________________________________________________________  Time at location: _______________
_____________________________________________________________  Time at location: _______________
_____________________________________________________________  Time at location: _______________

Business Phone: _____ - ______ - ___________         Alternate Phone: _____ - ______ -__________
BUSINESS REGIONAL / DISTRICT CONTACT INFORMATION (Please print)

Name: _______________________________________________________________________________________

Address: _____________________________________________________________________________________

City: ___________________________    County: ___________________    State: ________     Zip: __________

Business Phone: _____ - _____ - ___________          Alternate Phone: _____ - _____ -__________

ADDITIONAL INDIVIDUALS INVOLVED (Please print)

Name: _____________________________________________________________      SS# _____-_____-

Height: ___’ ___”    Age: ______________        Hair Color: ______________       Eye Color: ______________

Name: _____________________________________________________________      SS# _____-_____-

Height: ___’ ___”    Age: ______________        Hair Color: ______________       Eye Color: ______________

Name: _____________________________________________________________      SS# _____-_____-

Height: ___’ ___”    Age: ______________        Hair Color: ______________       Eye Color: ______________

Name: _____________________________________________________________      SS# _____-_____-

Height: ___’ ___”    Age: ______________        Hair Color: ______________       Eye Color: ______________

Name: _____________________________________________________________      SS# _____-_____-

Height: ___’ ___”    Age: ______________        Hair Color: ______________       Eye Color: ______________
INSTRUCTIONS

Please answer all questions completely and accurately by checking the appropriate response. If more space is needed, attach additional sheets referring to the applicable question.

Years Employed with Business: ______________________________________________________________

Description of Item Being Solicited: __________________________________________________________

Have you been permitted to solicit this item before within the City limits? (Circle one) Yes No

If yes, list the expiration date of the latest permit: _______________________________________________

List names of three (3) previous employers, including phone number:

Name: ______________________________________________   Phone Number: _____ - ______ -__________
Name: ______________________________________________   Phone Number: _____ - ______ -__________
Name: ______________________________________________   Phone Number: _____ - ______ -__________

If Books/Magazines/Journals are being solicited, provide a list of item names below:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

List three (3) of the most recent municipalities in which you have solicited:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

List year, make, model, and license plates of motor vehicle to be operated by Applicant:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

If not soliciting by way of motor vehicle, please describe method of transportation being used:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

List intended routes / subdivisions to be solicited:
______________________________________________________________________________________________
______________________________________________________________________________________________

Have you ever been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law? (Circle one) Yes No
SOLICITATION PERMIT APPLICANT AFFADAVIT
(Business; Charity/Non-Profit/Political)

Applicant: __________________________________________________________

I hereby agree that as a condition to the issuance of a Business Solicitation Permit, the applicant shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with said permit.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a Business Solicitation Permit, are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I have read and understand Chapter 36, Article II pertaining to Solicitation Permits (shown on the first page of this document). I agree to the terms established by the City of Milton and will comply with the rules and regulations set forth. Furthermore, the Chief of Police may revoke said permit and demand its return if the applicant adversely affects the public health, safety, or welfare.

I hereby understand that it shall be unlawful for an applicant whose Business Solicitation Permit has been revoked and upon whom demand for return of the card has been made to refuse to return the card or to alter, conceal, deface, or destroy the card.

Applicant’s Signature: ___________________________ Date: ____________

SWORN AND ATTESTED BEFORE ME ON THIS THE ________ DAY OF ________, 20_____.

Notary Signature and Seal: _____________________________________________

<table>
<thead>
<tr>
<th>STAFF USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit #:</td>
</tr>
<tr>
<td>Approved/Denied:</td>
</tr>
<tr>
<td>Approval Date:</td>
</tr>
</tbody>
</table>

Chief of Police Signature ___________________________ Date ___________________________
**O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit Verifying Status for City Public Benefit**

**This form is required for ALL LICENSES/PERMITS by State Law**

By executing this affidavit under oath, as an applicant for a pouring permit, as referenced in O.C.G.A. § 50-36-1, from the City of Milton, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

______ 1. I am a United States Citizen.
(Must include copy of either current State Drivers’ License, Passport, or Military ID)

______ 2. I am a legal permanent resident of the United States.
(Must include copy of your current State Drivers’ License and either a copy of your Permanent Resident card or Employment Authorization Card.)

______ 3. I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (Must include copy of your current State Drivers’ License and either a copy of your Permanent Resident card or Employment Authorization Card.)

*My alien number issued by the Department of Homeland Security or other federal immigration agency is: ________________.*

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: ________________________________.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in ____________________________ (city), ____________ (state).

Applicant Name (Please print): ___________________________________________________________

Applicant's Signature: ________________________________________________________________

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ________ DAY OF _______________, 20______.

Notary Public/Seal: __________________________ My Commission Expires: _________________
BACKGROUND CHECK & FINGERPRINT VERIFICATION CONSENT FORM

I authorize the Milton Police Department to receive any criminal history record information pertaining to me which may be in the files of any federal, state, and/or city criminal justice agency in Georgia and to perform any fingerprint verification required in order to receive this permit.

Full Name: _______________________________ Date: ___/___/____

Maiden Name/Previous Name/Alias Info: ____________________________________________

Telephone Number: _____ - _____ - ___________

Driver's License Number: _______________________________ DL State: _______

Are you a U.S. Citizen?       __ Yes       __ No
*If no, you will need to have your Green Card available.*

Country of Birth: ___________________________ Date of Birth: ___ / ___ / __

SS# _____-____-______        Sex: ___ M   ___ F                    Race: _____________

Home Address: ___________________________________________________________________

City: _____________________ County: ________________ State: ________ Zip: _________

Home Phone: _____ - _____ - ___________ Mobile/Cell Phone: _____ - _____ - ___________

Business Name: ___________________________________________________________________

Business Address: __________________________________________________________________

City: _____________________ County: ________________ State: ________ Zip: _________

Applicant Signature _____________________________________________________________

Date