



CITY OF WAYCROSS, GEORGIA
DEPARTMENT OF COMMUNITY IMPROVEMENT
P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099
Tele (912) 287-2944 – Fax (912) 287-2948 – www.waycrossga.com

TRANSIENT MERCHANT / PEDDLER / SOLICITOR FOR SUBSCRIPTIONS APPLICATION

Applicant: _____ Date: _____

Applicant's Permanent Address & Phone: _____

Applicant's Local Address & Phone: _____

If an individual, Applicant's: Date of Birth _____ Age: _____ SSN: _____

If the applicant is a Partnership or Corporation:

Corporation Name: _____

Corporate Address: _____

State and Date of Corporation: _____

Federal Employer ID #: _____ Georgia Sales Tax #: _____

Ownership Information (List all owners, partners or corporate officers including corporate registered agent):

NAME	OWNERSHIP INTEREST	HOME ADDRESS	HOME PHONE #
	Registered Agent		

If a Partnership or Corporation, who is the principle representative in the City of Waycross:

Name: _____ Home Address: _____

Date of Birth: _____ Age: _____ SSN: _____

Employees working in Waycross

NAME	HOME ADDRESS	HOME PHONE #

Name of Business Representative by the Applicant if different from the Applicant:

Permanent Address: _____

Name, Address and Phone # of Agent Conducting Sales if any: _____

Local Address and Telephone Number: _____

Type of Merchandise or Service to be offered for Sale: _____

Place Where Business to be conducted: _____

Dates, Hours, and Manner in which business will be conducted: _____

Georgia Sales Tax #: _____ Georgia License #: _____

List Each Vehicle to be used in business

MAKE	MODEL	STATE	TAG NUMBER

List all cities where business has been conducted by the Applicant within the twelve (12) months period immediately preceding the application. The license shall be signed under oath by the applicant.

List any and all felony criminal convictions involving moral turpitude of the applicant within five (5) years prior to the date of the application.

References – Please list three (3) references, with addresses and telephone numbers

By submission of this application, I acknowledge a monitored telephone will be provided to handle request for taxicab service from the general public at all times that the business is open for business. I have read and understand Chapter 35 of the Code of Ordinances of the City of Waycross. All statements made in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application.

Signature of Applicant _____ Date: _____

INSPECTIONS AND APPROVALS

OFFICE USE ONLY

Inspection Department [] Approved [] Denied By _____ Date _____

Fire Department [] Approved [] Denied By _____ Date _____

Tax Classification: _____ Tax Rate: _____ SIC/NAICS Code: _____