



CITY OF DACULA  
442 HARBINS RD.  
P.O. BOX 400  
DACULA, GA., 30019  
770-963-7451

**CANVASSER / SOLICITOR PERMIT APPLICATION**

*Company Information*

Name of Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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*Applicant*

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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*Corporate Officers*

Name and Title: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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*Employee*

Name and Title: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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*Employee*

Name and Title: \_\_\_\_\_ SSN#: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(PLEASE REQUEST ADDITIONAL CONTACT SHEETS IF NEEDED)

Description of Operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Areas of Operation: \_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

THE APPLICANT MUST COMPLETE AND PROVIDE COPIES OF THE FOLLOWING PRIOR TO APPROVAL:

- 1. OCCUPATIONAL TAX CERTIFICATE AUTHORIZING DOOR-TO-DOOR SALES. PLEASE NOTE: OCCUPATIONAL TAX CERTIFICATES MUST BE RENEWED ANNUALLY
- 2. OBTAIN A SOLICITOR PERMIT THROUGH GWINNETT COUNTY POLICE PERMITTING
- 3. PROVIDE THE CITY OF DACULA’S MARSHAL DEPARTMENT WITH THE INFORMATION REQUIRED ON THIS APPLICATION

*(THE CITY HAS THIRTY (30) DAYS TO REVIEW THE APPLICATION FOR APPROVAL OR DENIAL).*

THE COMPANY SHALL NOTIFY THE CITY IN WRITING OF ANY CHANGE TO THE ABOVE INFORMATION.

CANVASSER OR SOLICITOR SHALL HAVE A VALID PERMITTED PROMINENTLY DISPLAYED ON THEIR PERSON AT ALL TIMES

CANVESSING OR SOLICTING IS NOT PERMITTED ON SUNDAYS OR BETWEEN 7:00PM AND 9:00AM MONDAY THROUGH SATURDAY.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ ARTICLE XV OF THE DACULA MUNICIPAL CODE AND AGREE TO ITS TERMS AND THAT ALL THE ABOVE STATEMENT ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_