



130 E. 1<sup>st</sup> Street  
 Tifton, GA 31794  
 P 229-391-3970 [www.tifton.net](http://www.tifton.net)  
[cityclerk@tifton.net](mailto:cityclerk@tifton.net)

**CITY OF TIFTON TRANSIENT MERCHANT/SOLICITOR'S PERMIT APPLICATION**

BUSINESS INFORMATION

**Incomplete applications will not be accepted.** Solicitor's Permits expire as stated on the permit. A passport photo ID shall be included with this application.

**Business name you are soliciting for**

Type of product to be sold	Sales Location		
Business address			
City	State	Zip	Phone #
Name of supervisor			Phone #
Business e-mail address			

APPLICANT'S INFORMATION

Last name	First name	SSN#	
Middle name	Maiden name		
DOB	U. S Citizen Yes No	Alien Registration #	
Place of birth	State	Country	
Home address		City	
State	Zip	Home Phone #	Cell #
e-mail address		Vehicle Description	

Please provide all convictions in the last ten (10) years.

Date of offense	Place of offense	Type	Disposition

AUTHORIZED SIGNATURE

I solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the questions in this application for a City of Tifton Transient Merchant/Solicitor's Permit are true, and no false or fraudulent statement or answer is made therein to procure the granting of this permit. I understand any misrepresentation is grounds for automatic dismissal of this application and/or revocation of permit.

APPLICANT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 (Please print )

APPLICANT'S SIGNATURE \_\_\_\_\_

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_

NOTARY PUBLIC'S SIGNATURE

SEAL