



Cobb County
Business License Division
P.O. Box 649
Marietta, Georgia 30061-0649
Phone 770-528-8410

If you wish for this application to be hand delivered or delivered via UPS or FedEx please do so at:
1150 Powder Springs Street, Suite 400
Marietta, Georgia 30064
DOOR TO DOOR SALES

The following are guidelines for persons going door to door to sell a product in Cobb County. A permit is not required to communicate to the resident for religious, charitable or political purposes. These guidelines are not the Code of Ordinance nor should they be substituted for the Code of Ordinance.

1. All individuals going door to door selling products in residential areas in Cobb County must register and obtain the appropriate badge through the Cobb County Business License Division.
2. Each person going door to door in residential areas selling products must possess a picture identification badge issued by the Cobb County Business License Division prior to soliciting in the county. Completion of the door to door sale permit application and payment of the prescribed fee and issuance of a receipt does not authorize the applicant to operate in Cobb County. Only the issuance of a door to door sales permit badge by the Cobb County Business License Division authorizes the individual to go door to door in unincorporated areas of Cobb County.
3. All applicants requiring badges issued by the County shall provide two 1 1/4 x 1 1/4 pictures with the application that will be utilized for identification purposes to ensure the appropriate individual is authorized to go door to door in Cobb County.
4. The badge shall be worn by the individual going door to door in a conspicuous place that can be seen by the home occupant. Any other unapproved type of identification cannot be substituted for the Cobb County Door to Door Salesperson Badge. All badges will have a picture of the applicant, name of the organization represented, address of the organization, name of the applicant, phone number of the organization.
5. A door to door sales permit does not authorize the sale of the product in the right of way of any road or highway or in commercial areas.
6. Any alteration, duplication or misrepresentation of the Cobb County door to door badge shall subject the individual and/or company that the individual represents, to penalties as provided by law.
7. The permit is valid for ninety days.
8. No persons may contact citizens door to door before 9:00 a.m. or after 9:00 p.m. No door to door salesperson shall contact persons or residents where the residence has posted "No Soliciting" or in a neighborhood/subdivision on private roads/streets and a "No Soliciting" sign is posted.
9. Failure to abide by any of the above guidelines and the Cobb County Code of Ordinance will subject the violator to possible criminal prosecution and/or suspension and/or revocation of the door to door salesperson permit.
10. **An Occupation Tax Certificate is required in addition to a door to door salesperson permit.**
11. The payment of the \$55 non-refundable fee for the permit is due upon issuance of the permit in addition to any occupation



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Application for Door-To-Door Sales Person Permit

Date: ___/___/___ PERMIT # _____ PERMIT VALID FROM ___/___/___ TO ___/___/___

1. Name of applicant: _____ Phone: _____

2. Date of birth: ___/___/___ Place of Birth: _____

3. Social Security # : ___ - ___ - ___ Sex: ___ Race: _____

4. Home address: _____ City: _____ State: _____ Zip: _____

5. Mailing address: _____ City: _____ State: _____ Zip: _____

6. Email address: _____

7. Previous home address last three years _____

8. Company Name: _____ Phone: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Contact: _____ Phone: _____

9. Name of local supervisor: _____ Phone: _____

Supervisors Address: _____ City: _____ State: _____ Zip: _____

10. Type of product to be sold _____

11. Have you ever been issued a citation, arrested, convicted or entered a plea of nolo contendere prior to the filing of this application for any felony or misdemeanor of any state or of the United States or for any municipal ordinance (this includes traffic violations)? Yes () No ()
If answer is yes, describe in detail and provide dates: _____

12. Are you familiar with Cobb County Ordinance governing the operation of door-to-door sales?
Yes () No () Do you agree to abide with such ordinances and regulations? Yes () No ()

I affirm that the facts stated by me are true, I understand that any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and or revocation of permit.

I hereby authorize the Cobb County Business License Division to receive any criminal history record information pertaining

Signature of Applicant Date

Notary Public Date

CONSENT FORM

I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY 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 PRINTED

STREET ADDRESS

CITY, STATE, & ZIP

SEX

RACE

DATE OF BIRTH

SS NUMBER

ALIEN NUMBER (IF NOT A US CITIZEN)

SIGNATURE

NOTARY PUBLIC

DATE

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **Business License / Occupational Tax Certificate** as referenced in O.C.G.A. § 50-36-1, from **Cobb County** the undersigned applicant verifies one of the following with respect to my application for public benefit:

CHECK ONE:

- 1) ___ I am a United States citizen.
- 2) ___ I am a legal permanent resident of the United States. **(Provide I-551)**
- 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.

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).

Signature of Applicant

Printed Name of Applicant

Applicant Phone Number

SUBSCRIBED AND SWORN

BEFORE ME ON THE

____ DAY OF _____ 20__

NOTARY PUBLIC

My Commission Expires:

Business Name _____

Occupation Tax Certificate /License # _____

MUST COMPLETE THIS FORM IF YOU HAVE 10 OR LESS EMPLOYEES

Business Name _____ **License #/Occupation Tax #** _____

NUMBER OF EMPLOYEES (COMPANY WIDE) _____ (Required for 10 OR LESS EMPLOYEES)

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 20____, in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME ON
THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC
My Commission Expires: _____

MUST COMPLETE THIS FORM IF YOU HAVE 11 OR MORE EMPLOYEES

Business Name _____ License #/Occupation Tax # _____

NUMBER OF EMPLOYEES (COMPANY-WIDE) : _____ (Required for 11 OR MORE EMPLOYEES)

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number (Also known as E-Verify number)
(An E-Verify number is four to six characters – it is not your Federal ID Number)

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____