



Occupational Tax Clerk
4303 Lawrenceville Road
P.O. Box 39
Loganville, GA 30052

Application for Peddler Permit

Date: _____ Permit #: _____ Date Requested From _____ to _____

Name of Applicant: _____ Phone: _____

Applicant Address: _____ City: _____ State: _____ Zip: _____

Company Name: _____ Phone: _____

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

Company Contact: _____ Phone: _____

Name of Local Supervisor: _____ Phone: _____

State Sales Tax Number: _____ Is the company a Corporation: () Yes () No. If yes, fill out back of this sheet,

Description of the kind and nature of the property, goods, wares, merchandise or services sold or solicited for sale by the applicant: _____

Address of proposed business location or a description of the area to be canvassed: _____

Please list the names and addresses if all the employees who will engage in the occupation of peddler under this application.

Name: _____ Address: _____

Are you familiar with the City of Loganville guidelines governing the operations of peddler sales? Yes () No ()

Do you agree to abide with such guidelines? Yes () No ()

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

Signature of Applicant: _____ Date: _____

This permit is approved / denied this _____ day of _____ 20____ and is valid from _____ to _____.

Occupational Tax Clerk: _____ Date: _____

Administrator: _____



Occupational Tax Clerk
4385 Pecan Street
P.O. Box 39
Loganville, GA 30052

If Application is a Corporation: Attach a duly attested corporate resolution acknowledging the authority of the corporation to transact the type of business as set for in the application.

Name of Corporation: _____

Registered Address: _____

Mail if Address Different: _____

Date of Incorporation: _____ Place of Incorporation: _____

Officers:

Full Legal Name: _____

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

Full Legal Name: _____

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

Full Legal Name: _____

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