

1130 Bluffs Parkway Canton, GA 30114 P 770-721-7810

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	CHEROKEE COUNTY SOLICITOR'S PERMIT										
NO	Incomplete applications will not be accepted. Solicitor's Permits expire 90 days from date of issuance. If additional space is required, please attach a sheet to the application.										
BUSINESS INFORMATION	Business name you are soliciting for										
FOR	Type of product to be sold										
N S	Business address										
NES	City			State		Zip		Ph	Phone #		
3USI	Name of supervisor					-		Ph	Phone #		
	Business e-mail address										
APPLICANT'S INFORMATION	Last name			First name							
	Middle name				N	Maiden name					
	DOB		U. S	Citizen \	⁄es	No	No Alien Registration #			n #	
	Place of birth				State	te			Country		
	Home address								City		
	State	Zip		Home P	hone	ne #			Cell #		
	e-mail address										
NT'	Please provide all convictions in the last ten (10) years,										
√ NIC⁄	Date of offense Place of offe		nse			Туре			Disposition		
APF											
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 Cherokee County 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 )										
SIGN	APPLICANT'S SIGNATURE										
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ORIZ	THIS DA	4Y OF				20					
UTH									CE	A.I.	
A	NOTARY PUBLIC'S SIGNATURE					-			SEAL		