

# City of Lyons

161 NE Broad St  
Lyons, GA 30436  
Office (912) 526-3626  
Fax (912) 526-0607



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## Application for City Transient Merchant; Transient Peddler and Local Peddler License

**\*\* APPLICATION MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO SUBMITTING FOR APPROVAL\*\***  
**PLEASE READ AND TYPE OR PRINT WITH BALL POINT PEN**

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

Business Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-VERIFY # \_\_\_\_\_

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

Please list and describe the type of service(s) that will be offered by your business: \_\_\_\_\_

(Use additional pages if needed)

Dates and hours of operation: \_\_\_\_\_

Manner in which business is to be conducted: \_\_\_\_\_

Georgia Sales Tax Number: \_\_\_\_\_

**List of cities where business has been conducted by applicant in the past 12 months**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR BUSINESS HAVE MORE THAN 10 EMPLOYEES? \_\_\_ YES \_\_\_ NO**  
**IF YES, YOU MUST INCLUDE YOUR E-VERIFY NUMBER ABOVE.**

If this is your first time completing a License Application and have 10 or more employees an Affidavit must be signed.

Have you filed a SAVE form previously? \_\_\_ YES \_\_\_ NO. You must file a new affidavit for every renewal if you are not a United States citizen. This is a state law.

**\*\* IF SERVICE REQUIRES STATE CERTIFICATION, PLEASE  
PROVIDE A COPY\*\***

Have you been licensed in this city prior to this year in another business name? \_\_\_\_ YES \_\_\_\_ NO

If Yes, In what Name? \_\_\_\_\_ What Year? \_\_\_\_\_

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**OWNER INFORMATION**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Street Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

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**Required Supplemental Information (please attach to this application)**

- Legal incorporation documents (LLC, INC, State Business License)
- Driver's License
- List of all employees including residential addresses and phone numbers
- Georgia Bureau of Investigation Consent Form

- **Peddling hours are 9:00 A.M. to 5:00 P.M.**
- **No peddling is permitted on Sundays or City Holidays.**
- **The use of a speaker, horn, etc. is prohibited.**
- **Occupying a fixed location is also prohibited.**
- **The license must be carried at all times and shown upon demand.**
- **The license is not transferable.**
- **The City will investigate applicant's business and moral character and reserves the right to disapprove an applicant as a result of unfavorable investigation.**
- **Any customer must receive a signed receipt if down payment is made for goods or services.**
- **No refund of application fee will be made if applicant is disapproved.**

Georgia Bureau of Investigation Georgia Crime Information Center  
Consent Form

I hereby authorize the City of Lyons, to receive any Georgia 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: (Print)**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Sex**

\_\_\_\_\_  
**Race**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**This authorization is valid for 180 days from the date of signature.**

**\*\*\*OFFICIAL USE ONLY\*\*\***

**A CRIMINAL HISTORY RECORD CHECK WAS PERFORMED ON THE SUBJECT INDICATED ON THIS FORM. PLEASE INITIAL EACH LINE WHERE APPLICABLE:**

\_\_\_\_ **IDENTIFIABLE RECORDS WERE LOCATED**

\_\_\_\_ **NO IDENTIFIABLE RECORDS WERE LOCATED**

**ADDITIONAL NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PERSON PERFORMING THE CHECK**

\_\_\_\_\_  
**Date**

**CITY MANAGER REVIEW**

( ) **APPROVED FOR SUBMISSION TO CITY COUNCIL**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**FEE SCHEDULE**

Transient Fee

**\$200.00**

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**I UNDERSTAND THAT THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS APPLICATION IS GROUNDS FOR FINE, REVOCATION OF CERTIFICATE, OR BOTH. I ALSO UNDERSTAND THAT COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN TO:           CITY OF LYONS  
                          161 NE BROAD STREET  
                          LYONS, GA. 30436  
                          (912) 526-3626   (912) 526-0607 (fax)

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**FOR OFFICIAL USE ONLY:**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Zone Checked By

\_\_\_\_\_  
Date Zoning Checked

ADDITIONAL NOTES:

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