



City of Darien

P.O Box 452 | 702 North Way | Darien, GA 31305 | (912) 437-6686 | Fax (912) 437-2208

SOLICITOR, PEDDLER, AND ITINERANT MERCHANT PERMIT

Company Name: _____

Address: _____

Name of Local Manager: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Types of Goods Sold: _____

Where Goods to be Shipped From: _____

Method of Solicitation: _____

Location of Warehouse: _____

Name of Local Salesman: _____

Address: _____

Telephone Number: _____ E-Mail Address: _____

Bonding Company: _____

Address: _____

Account Number: _____ E-Mail Address: _____

Is this Company/Organization Tax Exempt: _____. If yes, provide the following information:

Name of Organization Head: _____

Telephone Number: _____ E-Mail Address: _____

Type of Organization: _____ Tax Category: _____

Fee: _____

Date: _____

Approved By: _____