



**ATLANTA POLICE DEPARTMENT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331**

**PAWN ESTABLISHMENT/PAWN BROKER RENEWAL
YEAR _____**

1. LEGAL NAME OF BUSINESS: _____
2. TRADE NAME OF BUSINESS: _____
3. BUSINESS ADDRESS: _____
4. FULL NAME OF OWNER: _____
 - A. ADDRESS: _____
 - B. BUSINESS PHONE: _____ HOME PHONE: _____
 - C. CELLUAR PHONE: _____ EMAIL: _____
5. FULL NAME OF AGENT: _____
 - A. ADDRESS: _____
 - B. BUSINESS PHONE: _____ HOME PHONE: _____
 - C. CELLUAR PHONE: _____ EMAIL: _____
6. ARE YOU FAMILIAR WITH THE CITY OF ATLANTA ORDINANCES, STATE LAWS AND REGULATIONS GOVERNING THE OPERATION OF A PAWN ESTABLISHMENT/PAWN BROKERS?
() YES () NO
7. DO YOU AGREE TO ABIDE BY SUCH ORDINANCES, LAWS AND REGULATIONS? () YES () NO
THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM ALSO CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED, APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE ADDRESS.

SIGNATURE OF APPLICANT

DATE

SIGNATURE AND TITLE OF PERSON, OTHER THAN APPLICANT, COMPLETING THIS APPLICATION.

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20 _____.

NOTARY

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize CITY OF ATLANTA
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

**By signing below I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my tenure as
agent, independent contractor, or member of this establishment.**

Signature

Date