



**CITY OF ATLANTA POLICE DEPARTMENT
PAWN/TITLE/PRECIOUS METAL DEALERS
INFORMATION CHECKLIST**

- ___ 1. *Applications* All applications must be typed or legibly printed in **black** ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach the additional information. Applications must be signed, dated, notarized and filed in the License & Permits Unit office. This department is located at the City of Atlanta Police Annex, 3493 D. L. Hollowell Parkway, Atlanta, GA 30331.
- ___ 2. *Personal History Cards* One personal history card and two fingerprint cards per applicant (each individual involved in ownership or first five (5) officers of a corporation **AND** the license/agent) must be filled out completely, signed and fingerprinted.
- ___ 3. *Lease or Valid* The lease/valid document show that the applicant has legal access to proposed premises (deed, sublease, rental agreement, and letter of intent).
- ___ 4. *Photograph* Two (2) small photos, size 2x2.
- ___ 5. *Corporate Papers* Attach a copy of corporate charter and by-laws which have been properly signed by the Secretary of State and the registered agent(s) for the corporation. List all percentages held and the title of each officer on the application.
- ___ 6. *Letters of Reference* May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. The references should include name, address, and a telephone number.
- ___ 7. *Financial Investments* All applicants must furnish, at time of filing documentation, all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment(s) is required.)
- ___ 8. *Copies of Ordinances* The information can be obtained at the Clerk of Council Office located at 55 Trinity Street, Suite 2700, or on the web at www.municode.com.
- ___ 9. *Transmitting Daily Reports* The owners may transmit daily reports via email to aflores@atlantaga.gov. Please contact the Pawn Desk for installation of software.
- ___ 10. *Survey* All Pawn licensee/agent applicant must submit a certified survey of the proposed premises depicting the distance requirements as specified in the city ordinance.

If there are any questions concerning the completion of these applications, please call the License & Permits Unit for assistance at 404-546-4470. Call for an appointment for filing the application(s). Applications are taken by appointment only. **Note: Payment for fees will be accepted only in the form of a cashier's check or money order.**

When your application is approved, you must contact the Pawn Desk at 404-546-4255 to register your company and for any additional instruction regarding the Pawn Desk.



**ATLANTA POLICE DEPARTMENT
PERSONAL HISTORY RECORD**

PERMIT TYPE: _____ DATE: _____
Name in FULL (Please Print) _____ Date: _____
Address: _____ Telephone: _____
Place of Birth _____ Date of Birth: _____ Age: _____
(City, State) (Day, Month, Year)
Race: _____ Height: _____ Weight: _____
Eye Color: _____ Hair Color: _____
Social Security Number: _____ Driver's License # _____

Have you been convicted of any law? Federal: _____ Foreign Country: _____ State Law: _____
City Ordinance: _____ if so, explain: _____

List names and addresses of employers for the past three (3) years: _____

Marital Status: _____ Spouse's Name: _____
Finger printed by: _____ Applicant Signature: _____
Date: _____



CRIMINAL HISTORY CONSENT

I hereby authorize the Atlanta Police Department/License and Permits Unit to receive any criminal history record information pertaining to me which may be in the files of any state local criminal justice agency in Georgia. I also acknowledge that any information I provide on this application can be made publicly available under the Georgia Open Records Act O. C. G. A. 50-18-70.

Have you ever been charged or convicted of any violation of the law? () Yes () No
Date of Occurrence: _____ City: _____ State: _____
Disposition: _____ Explain: _____

I DO HEREBY SWEAR OF AFFIRM THAT THE FOLLOWING IS TRUE AND CORRECT UNDER PENALTY OF
CITY ORDINANCE 106-90. (SIGNATURE) _____

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* **All non-citizens must provide their Alien Registration Number below.**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

___ DAY OF _____, 20___

*

Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



CITY OF ATLANTA POLICE DEPARTMENT

**3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GA 30331**

APPLICATION FOR PERMIT TO OPERATE A PAWN SHOP

All applications must be typed or legibly printed in black ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach additional information. Applications must be signed, dated notarized and filed in the License and Permits Office. This department is located at 3493 Donald Lee Hollowell Parkway Atl., Ga.

1. Is applicant: () Sole Proprietorship () Partnership () Corporation
2. (A) Legal name of business: _____

(B) Operating / Trade name of business: _____

3. Type of Business: _____

Location of Business: _____

City _____ State _____

4. Business Telephone Number(s): _____

5. Indicate whether your proposed business will: buy ____, sell ____, process ____, gold ____, silver ____, or jewelry ____. (Check all that apply)

6. Full name of Applicant: _____

7. Residence address: _____

City _____ State _____ Zip _____

Telephone number: Home _____ Business _____

Social Security Number: _____ Date of Birth _____

Place of Birth: _____

Permanent Resident Alien Number: _____

Citizen of the USA? YES NO

Resident of Georgia? YES NO

Number of years as residence of Georgia _____ County _____

8. Full name of spouse, including Maiden name, Race and Date of Birth: _____

9. Licensee/Agent business Occupation(s), Business Interest(s), and/or Employer(s) for the past five (5) years:

| Date | Company | Address (City & State) | Position | Interest |
|------|---------|------------------------|----------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Bank accounts and assets in the name of the Licensee/Agent and/or maintained by the Licensee/Agent whether individual, partnership or corporation:

Type of Acct: _____ Account Number _____

Bank _____

Address _____

Amount: _____

Type of Acct: _____ Account Number _____

Bank _____

Address _____

Amount: _____

11. If a Corporation or Partnership, indicate the following for all officers, members of the Board of Directors, Trustees and Principal Stockholders (If Partnership, include all Partners) Name, Address, DOB, SS# and percentage of interest:

| Name | Address | DOB/SSN | Position/Interest. |
|------|---------|---------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |

12. State the amount and source of money that has or will be invested by each individual who has an Interest in the business, the corporation or partnership (list each individual separately).

Source

Amount

13. List any individual(s) or firm(s) owning any interest in or receiving any funds from the operation of the business:

14. List owner of property, location of business, and include address and telephone number.

15. Does applicant, License/Agent, Manager or any Partner(s) or any Corporate Officer(s) or Trustee(s) have within the preceding ten (10) years, any convictions for the violation of any federal, state local laws, ordinances, does said person have current proceedings pending for Violations of any local laws, ordinances, does said person have current proceedings pending for violations of any federal, state local laws, ordinances or regulations.

16. For the purpose of this question, the term "CONVICTION" shall include an Adjudication of Guilt, a plea of Guilty, a plea of Nolo Contendere, or Forfeiture of a bond.

| Person Charged | Date | Offense | Location (City, State) | Disposition |
|----------------|------|---------|------------------------|-------------|
|----------------|------|---------|------------------------|-------------|

17. Describe the nature and character of business: (Be specific)

18. Are you familiar with the City of Atlanta Ordinances, State Laws and Regulations governing the operation of one of a pawn?

Yes

No

19. Do you agree to abide by such Ordinances, Laws and Regulations? YES NO

I, _____, being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement has been made (herein that such answers were made in order to procure the granting of such license).

Signature of Licensee/Agent

Sworn to and subscribed before me this _____ day of _____ 20_____.

Notary Public

Signature and Title of person other than Licensee/Agent filling out this application

(_____) _____
Telephone Number

Investigator/Inspector: _____ Assigned Investigator/Inspector: _____