



Precious Metal Information Sheet

Two Original Applications

Please write legibly in BLACK ink or type information. Answer all questions appropriately and in detail. Applications must be signed, dated, and notarized.

Personal History Form

Complete one Personal History Form.

Lease or Valid Document

Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, letter of intent.

Photographs

Two (2) passport photos - size 2X2

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.

Letters of Reference

May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. Include name, address & phone number.

Financial Investments

All applicants must furnish, at time of filing, documentation of all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment are required).

Copies of Ordinances

The information can be obtained at the Clerk of Council Office located 55 Trinity Avenue, Suite 2700 or on the web at www.municode.com

Transmitting Daily Reports

The owners may transmit daily reports via e-mail to aflores@atlantaga.gov Please contact the Pawn / Precious Metal Desk for installation of software.

Zoning

Obtain zoning approval at 55 Trinity Avenue.



Precious Metal Information Sheet

Continued

Fees

Application Fee: \$100.00

Fingerprint Fee: \$20.00

Permit Fee: \$750.00

Payment for fees will be accepted only in the form of a cashier's check or money order. All application fees are non-refundable. The following money orders will NOT be accepted: Fidelity Express, United One, and US Express. Funds must be on three separate money orders/cashier's checks in the amounts listed above.

If there are any questions concerning the completion of these applications or to make an appointment to file the applications, please call the License and Permits Office at (404) 546-4470. Appointments are taken on Monday, Tuesday, and Wednesday.



CITY OF ATLANTA POLICE DEPARTMENT

3493 Donald Lee Hollowell Parkway

Atlanta, Georgia 30331

PRECIOUS METAL APPLICATION

1. Is applicant: Sole Proprietorship Partnership Corporation
 2. (A) Legal Name of Business: _____
 (B) Operating / Trade name of business: _____
 3. Location of Business: _____
 4. Proposed location zoned: _____
 5. List owner of property where business is to be located: _____
 6. If property is rented, owner(s): _____
 Name and Address: _____
 Manner in which rent determined: _____
 Amount of Rent: Monthly _____ Annual _____ Other _____
 7. Full name of licensee / agent: _____
 Residence address: _____

City	County	State
------	--------	-------
- Telephone number: Home _____ Business _____
- Social Security Number: _____
- Date and place of birth: _____
- Citizen of the USA? Yes No Alien Number _____
- Resident of Georgia? Yes No Years _____ County _____

8. Full name of Manager: _____

Residence address: _____

Home **Business**

Telephone number: _____

Social Security Number: _____

Date and place of birth: _____

D. O. B **City/State**

Full name of spouse: _____

Last **First** **M. I.** **Maiden**

9. If Corporation or partnership, indicate the following for all Officers, Members of Board of Directors, Trustees, and Principal Stockholders; if partnership, include all partners:

Name of Corporation: _____

Date of Incorporation: _____

Name of Registered Agent: _____

List of Sales/Disposition of any Corporation assets: _____

10. Has applicant owned, operated, or been employed in this type of business before?
 Yes No

If Yes, provide details: _____

11. Has applicant ever had a license or permit suspended, denied, or revoked? If YES, provide date and explanation: _____

12. Indicate whether your proposed business will be: (Check all that apply)

Buying Selling Processing Gold Silver Jewelry

- 13. Are you familiar with the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Precious Metal Establishment? Yes No

- 14. Do you agree to abide by such ordinances, laws and regulation? Yes No

I, _____, BEING DULY SWORN ACCORDING TO LAW, DO SWEAR/AFFIRM THAT THE FACTS AND THINGS STATED BY ME IN THE FOREGOING ANSWERS TO QUESTIONS ARE TRUE, AND NO FALSE OR FRADULENT STATEMENTS ARE MADE HERIN AND THAT SUCH ANSWERS WERE MANDE IN ORDER TO PROCURE GRANTING OF SUCH PERMIT.

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



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Atlanta, Georgia 30331

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 Amount of Rent: Monthly _____ Annual _____ Other _____
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 Residence address: _____

City	County	State
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- Telephone number: Home _____ Business _____
- Social Security Number: _____
- Date and place of birth: _____
- Citizen of the USA? Yes No Alien Number _____
- Resident of Georgia? Yes No Years _____ County _____

8. Full name of Manager: _____

Residence address: _____
Home Business

Telephone number: _____

Social Security Number: _____

Date and place of birth: _____
D. O. B City/State

Full name of spouse: _____
Last First M. I. Maiden

9. If Corporation or partnership, indicate the following for all Officers, Members of Board of Directors, Trustees, and Principal Stockholders; if partnership, include all partners:

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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



LICENSE AND PERMITS UNIT
3493 DONALD LEE HOLLOWELL PARKWAY
ATLANTA, GEORGIA 30331

ATLANTA POLICE DEPARTMENT PERSONAL HISTORY FORM

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? YES NO

Check all that apply:

Federal Foreign Country State Law City Ordinance

If YES, provide explanation: _____

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

Marital Status: _____

Spouse's Name: _____

Finger printed by: _____

Applicant Signature: _____

Date: _____

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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)

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from
_____ [name of government entity], the undersigned applicant
verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state)

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A § 36-60-6(d):

Section 1.

Please check only one:

- (A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.
- (B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If the employer selected 1(A), please fill out Section 2 below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on the _____, _____, 201__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires:

**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