	CITY OF ATLANTA POLICE DEPARTMENT 3493 Donald Lee Hollowell Parkway Atlanta, Georgia 30331
PRECIOUS METAL RENEWAL APPLICATION FOR THE YEAR 20	
1.	(A) Legal name of business:
	(B) Trade name of business:
2.	Location of business:
3.	(A) Full name of owner:
	(B) Address:
	(C) Telephone: Business # ()
	Home # () Cellular # ()
4.	Have you ever been convicted of any violation(s) of law?  YES NO
	Check all that apply:
	If YES, provide an explanation and include the date, jurisdiction, offense, and disposition:
5.	Do you have any violations of the law pending?  YES NO
6.	If the answer to number 5 is <u>yes</u> , the written explanation must include date(s) and jurisdiction of violation(s).

THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATIONS OF THE ABOVE NAMED BUSSINESS WHICH AFFECTS THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION IS CORRECT, REMAIN UNCHANGED AND APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE BUSINESS.

SIGNATURE OF APPLICANT

DATE

 SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_\_DAY OF \_\_\_\_\_20\_\_\_\_

NOTARY PUBLIC

Date Revised: 06/05/2013

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

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.

## Renewal Fee: \$750.00-Permit

A copy of the following documents must accompany this application:

- ✓ Current Lease
- ✓ Current Valid Business License
- ✓ Notarized Save Affidavit

## 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 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 THE \_\_\_\_\_ DAY OF \_\_\_\_\_\_, 20\_\_\_\_

**NOTARY PUBLIC My Commission Expires:** 

Date Revised: 06/05/2013