



Sightseeing Operator Information Sheet

1. **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.

2. **Employment Verification Letter** Letter from hiring company verifying applicant's employment. Letter must be written on company's letterhead, signed, and dated.

3. **Personal History Form** Complete one Personal History Form.

4. **Photographs** Two (2) passport photos - size 2X2

5. **Letters of Reference** May be furnished by any three (3) persons who have known the applicant for at least three (3) years. The person(s) providing the reference letter must include their name, address, & phone number.

6. **Fees** Application Fee: \$50.00
Permit: \$50.00
Fingerprints: \$20.00

NOTE: 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.

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
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331

APPLICATION FOR PERMIT TO BE A SIGHTSEEING OPERATOR

To the Chief of Police:

The undersigned respectfully request the issuance of a permit to engage in the business of a Sightseeing Operator in the City of Atlanta.

1. Full name of applicant: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Home Telephone # (____) _____ Cellular Telephone # (____) _____

3. Have you been convicted of any violations of Federal law(s)? YES NO

If yes, list the offense(s) and the disposition(s): _____

4. List the name of the business that will be represented if the Sightseeing Operator permit is granted.

Name of Business: _____

Business Address: _____

Business Telephone #: _____

5. **Have you ever been granted a permit to operate as a Sightseeing Operator?** YES NO
If yes, list the date(s) and full address:

Date	Address	City, State, & Zip Code

6. **Have you ever been denied a permit to operate as a Sightseeing Operator for any city including Atlanta?** YES NO
If yes, list the date(s) and provide an explanation.

Date	Explanation

7. **Have you ever had your sightseeing privileges suspended or revoked?** YES NO

If yes, please provide an explanation: _____

8. List previous employment for the past five years:

Date	Company	Address

9. Are you familiar with the ordinances regulating sightseeing companies and sightseeing operators in the City of Atlanta? YES NO

_____ Signature

_____ Date

OFFICIAL OFFICE USE ONLY	
INVESTIGATOR/INSPECTOR: _____	DATE RECEIVED: _____
APPLICATION STATUS: <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE: _____	

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.

I HEREBY AUTHORIZE THAT 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 OR LOCAL CRIMINAL JUSTICE AGENCY.

Signature of Applicant

Date

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

Notary Public



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3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331

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Signature of Applicant

Date

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

Notary Public



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

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? Yes No 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)

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:

**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