



Vehicle Immobilization Company 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. **Personal History Form** One personal history form, one fingerprint per applicant (each individual involved in the ownership or first five (5) officers of a corporation *and* the license/agent) must be filled out completely, signed and fingerprinted.
3. **Lease of Valid Document** Shows applicant has legal access to proposed premises (deed, sublease, rental agreement, 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. **Letter 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.
7. **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).
8. **Fees**
Application Fee: \$100.00
Fingerprint Fee: \$20.00
Permit Fee: \$500.00

NOTE: Payment for fees will be accepted only in the form of a cashier's check or money order. You will need to have three separate money orders or cashier's checks in the amounts listed above. 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.



**ATLANTA POLICE DEPARTMENT
3493 Donald Lee Hollowell Parkway
Atlanta, Georgia 30331**

APPLICATION FOR VEHICLE IMMOBILIZATION COMPANY

All requirements pursuant to Atlanta City Code including § 30-29 & § 30-30 must be met.

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: _____
Street Address _____
City _____ State _____ Zip Code _____
 4. Business Telephone Number(s): () _____
 5. Full name of Applicant: _____
 6. Full name of licensee / agent: _____
Residence address: _____
Street Address _____
City _____ County _____ State _____
- Telephone Number: Home () _____ Business () _____
Cell () _____
- E-mail address: _____ Date of Birth: _____
- Place of Birth: _____

7. Has Licensee/Agent provided the License and Permits Unit with a valid written contract(s)? If YES, please attach copies. Yes No

8. If corporation of partnership, indicate the following for all Officers, members of Board of Directors, Trustees, Trustees and Principal Stockholders; If partnership, Include all Partners: Name, Address, DOB, SSN, Position and Interest.

NAME	ADDRESS	D.O.B.	POSITION	INTEREST

9. State the amount and source of money that has or will be invested by each individual who has an interest in the business. If a corporation or partnership, list each individual separately.

10. List any other individual(s) or Firm(s) owing any interest in or receiving any funds from the operation of the business:

11. List owner of Property where business is to be located:

If property is rented, amount and manner in which rent is determined:

12. Does Licensee/Agent, Manger or any Partner(s) or any Corporation Officer or Board member or any Principal Shareholder or Trustee have, within the past three (3) years, any conviction for the violation of any Federal, State, or Local law(s), Ordinance(s), or Regulation(s), or does said person(s) have current proceedings pending for any violation of any Federal, State, or Local Laws, Ordinance or Regulation?

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

Person Charged Date Offense Location (City, State) Disposition

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

VEHICLE INFORMATION

No.	Year	Make	Model	Color	Vin	Insurance Company	Policy Number
1.							
2.							
3.							
4.							

EMPLOYEE INFORMATION

No.	Employee Name	Driver's License #	Authorized to Operate Company Car Yes/No
1.			
2.			
3.			
4.			

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 FRAUDULENT STATEMENTS ARE
MADE HEREIN AND THAT SUCH ANSWERS WERE MADE IN ORDER TO PROCURE
GRANTING OF SUCH LICENSE.

SIGNATURE

DATE

NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME

THIS _____ DAY OF _____ 20 _____.

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: _____ DATE RECEIVED: _____

APPLICATION STATUS: APPROVED DENIED DATE: _____



**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) _____

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
License & permits [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.

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

*** If the employer selected Section1(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 _____, _____, 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