



# Bonding Company Information Sheet

## **Duplicate 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.

## **Proof of Being Financially Solvent**

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

## **A Certified Power of Attorney (Registered with the City Financial Manager)**

## **Proof of Deposit of Negotiable Securities**

## **Insurance Company Information**

Name, address, and phone number of insurance company or person or entity acting as the underwriter.



# Bonding Company Information Sheet

Continued

## Fees

Application Fee: \$50.00

Fingerprint Fee: \$20.00

Permit Fee: \$500.00

**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.**

**NOTE: All applicants must provide to the City of Atlanta Bond Administrator copies of all documents submitted to the License and Permits Unit. The Bond Administrator's office is located at 260 Central Avenue and they can be reached at (404) 658-6915.**

**If there are any questions concerning the completion of these applications or to make an appointment to file an 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 N.W.**  
**Atlanta, Georgia 30331**

## **APPLICATION FOR PERMIT TO OPERATE A BONDING COMPANY**

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. **List property rented/owned:** \_\_\_\_\_
7. **Name and address of property owner:** \_\_\_\_\_  
 \_\_\_\_\_
8. **Full name of applicant:** \_\_\_\_\_
9. **Full name of licensee/agent:** \_\_\_\_\_  
**Residence address:** \_\_\_\_\_  
 \_\_\_\_\_  

City	County	State
------	--------	-------
- Telephone Number: Home** \_\_\_\_\_ **Business** \_\_\_\_\_
- Social Security Number:** \_\_\_\_\_
- D. O. B. and Place of Birth:** \_\_\_\_\_
- Are you a U.S. Citizen?**  Yes  No **Year** \_\_\_\_\_ **County** \_\_\_\_\_
- List duties of licensee / agent:** \_\_\_\_\_  
 \_\_\_\_\_

Number of hours said licensee/agent will actively be on the premises:

AM \_\_\_\_\_ PM \_\_\_\_\_

Licensee/agent business Interest(s), Occupation(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Dates

Licensee/Agent Accounts and Notes Receivable:

Type	Date Due	By Whom Owned	Amount

Bank accounts and assets in the name of licensee/agent and or maintained by the licensee/agent whether individual, partnership or corporation:

Type	Bank	Location	Account #	Amount

10. Full name of Manger: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_  
D. O. B City and State

Full name of spouse: \_\_\_\_\_  
Last First M.I. Maiden

10. 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: \_\_\_\_\_

\_\_\_\_\_

11. Have you attached a certified power of attorney agreement from an underwriter?

Yes       No

12. Amount of Surety: \_\_\_\_\_

13. Name of insurance company or person or entity acting as the underwriter:

\_\_\_\_\_

14. Insurance Number: \_\_\_\_\_

15. Have you attached proof of deposit of negotiable securities?  Yes       No

16. Have you been convicted of any law?  Yes       No

Check all that apply:

Federal       Foreign Country       State Law       City Ordinance

If YES, provide date and explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Do you have any violation(s) of the law pending?  YES  NO

If YES, provide date and explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Are you familiar with the City of Atlanta ordinances, state laws and regulations governing the operation of a Bonding Company?  Yes  No

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

<b>OFFICIAL OFFICE USE ONLY</b>	
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 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 OR LOCAL CRIMINAL JUSTICE AGENCY.

\_\_\_\_\_  
SIGNATURE OF LICENSEE/AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON  
OTHER THAN LICENSEE/AGENT COMPLETING  
THIS APPLICATION

(TELEPHONE NUMBER : \_\_\_\_\_)

SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC



**CITY OF ATLANTA**  
**3493 Donald Lee Hollowell Parkway**  
**Atlanta, Georgia 30331**

1. Is applicant:  Sole Proprietorship  Partnership  Corporation
2. (A) Legal name of business: \_\_\_\_\_  
 (C) Operating / Trade name of business: \_\_\_\_\_
3. Location of Business: \_\_\_\_\_
4. Proposed location zoned: \_\_\_\_\_
5. List owner of property where business is to be located: \_\_\_\_\_  
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6. List property rented/owned: \_\_\_\_\_  
 Name and address of property owner: \_\_\_\_\_  
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7. Full name of applicant: \_\_\_\_\_
8. Full name of licensee/agent: \_\_\_\_\_  
 Residence address: \_\_\_\_\_  
 \_\_\_\_\_  

City	County	State
------	--------	-------
- Telephone Number: Home \_\_\_\_\_ Business \_\_\_\_\_
- Social Security Number: \_\_\_\_\_
- D. O. B. and Place of Birth: \_\_\_\_\_
- Are you a U.S. Citizen?  Yes  No Year \_\_\_\_\_ County \_\_\_\_\_
- List duties of licensee / agent: \_\_\_\_\_  
 \_\_\_\_\_



Number of hours said licensee/agent will actively be on the premises:

AM \_\_\_\_\_ PM \_\_\_\_\_

Licensee/agent business Interest(s), Occupation(s), and/or Employer(s) for the past ten (10) years:

Company	Address (City & State)	Position	Dates

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Type	Date Due	By Whom Owned	Amount

Bank accounts and assets in the name of licensee/agent and or maintained by the licensee/agent whether individual, partnership or corporation:

Type	Bank	Location	Account #	Amount

9. Full name of Manger: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_  
D. O. B City and State

Full name of spouse: \_\_\_\_\_  
Last First M.I. Maiden

10. 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: \_\_\_\_\_

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\_\_\_\_\_

11. Have you attached a certified power of attorney agreement from an underwriter?

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12. Amount of Surety: \_\_\_\_\_

13. Name of insurance company or person or entity acting as the underwriter:

\_\_\_\_\_

14. Insurance Number: \_\_\_\_\_

15. Have you attached proof of deposit of negotiable securities?  Yes  No

16. Have you been convicted of any law?  Yes  No

Check all that apply:

Federal  Foreign Country  State Law  City Ordinance

If YES, provide date and explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Do you have any violation(s) of the law pending?  YES  NO

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\_\_\_\_\_

\_\_\_\_\_

18. Are you familiar with the City of Atlanta ordinances, state laws and regulations governing the operation of a Bonding Company?  Yes  No

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

**OFFICIAL OFFICE USE ONLY**

INVESTIGATOR/INSPECTOR: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

APPLICATION STATUS:  APPROVED  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  
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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 OR LOCAL CRIMINAL JUSTICE  
AGENCY.

\_\_\_\_\_  
SIGNATURE OF LICENSEE/AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON  
OTHER THAN LICENSEE/AGENT COMPLETING  
THIS APPLICATION

(TELEPHONE NUMBER : \_\_\_\_\_)

SUBSCRIBED AND SWORN BEFORE ME ON THE \_\_\_\_\_ 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

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: \_\_\_\_\_

**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 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed more than ten (10) employees.

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

**\*\*\* If the employer selected Section 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 \_\_\_\_\_, \_\_\_\_\_, 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