



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

BONDING COMPANY 20__ RENEWAL APPLICATION

RENEWAL FEE: \$500.00

1. (A) Legal name of business: _____

(B) Operating / Trade name of business: _____

2. Location of Business: _____

3. Full name of Owner: _____

Residential Address: _____

Business Address: _____

Telephone Numbers: Business (____) _____ Home (____) _____

Cellular (____) _____ Race: _____ Sex: _____ DOB: _____

4. 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: _____

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

If YES, provide date and explanation: _____

6. Number of Bondsperson currently employed. _____
(See page 3 to list each employee)

7. Provide letter from Bond Administrator of Surety Bond.

THIS IS TO CERTIFY THAT NO CHANGE HAS TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM CERTIFYING AND AFFIRMING THAT THE ANSWERS TO ALL QUESTIONS ON MY ORIGINAL APPLICATION AT THE STATED BUSINESS IS CORRECT AND REMAINS UNCHANGED; APPLICABLE TO THE CITY AND STATE LAWS GOVERNING THE ABOVE BUSINESS.

Signature of Applicant

Date

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

NOTARY PUBLIC

OFFICIAL OFFICE USE ONLY

INVESTIGATOR/INSPECTOR: _____

DATE RECEIVED: _____

APPLICATION STATUS: APPROVED DENIED

DATE: _____

BONDSPERSONS CURRENTLY EMPLOYED

BUSINESS NAME

BUSINESS LOCATION

NAME (LAST, FIRST, MIDDLE)	Social Security Number
Ex. Doe, John Man	123-45-6789

I CERTIFY THAT THE ABOVE LISTED PERSON ARE EMPLOYED AS BONDSPERSON WITH THE ABOVE LISTED BONDING COMPANY

Signature

Date

**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