



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

HEALTH ESTABLISHMENT 20____ RENEWAL APPLICATION

RENEWAL FEE: \$500.00

1. Legal name of business: _____

2. Trade name of business: _____

3. Business Address: _____

Street Address

City State Zip Code

Business Phone #: (_____) _____

4. Full name of owner/agent: _____

First Middle Last

Owner's Address: _____

Street Address

City State Zip Code

Home Phone #: (_____) _____ Cellular Phone #: (_____) _____

E-mail Address: _____

Race: _____ Sex: _____ DOB: _____ SS#: _____

5. 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: _____

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

If YES, provide date and explanation: _____

7. Number of employees currently employed by company. _____

8. Are you familiar with the City of Atlanta ordinances, state laws, and regulations governing the operation of a health establishment? YES NO

CERTIFICATION

THIS IS TO CERTIFY THAT NO CHANGES HAVE TAKEN PLACE WITH RESPECT TO THE OPERATION OF THE ABOVE NAMED BUSINESS AFFECTING THE OWNERSHIP AS STATED IN THE ORIGINAL APPLICATION. I AM ALSO 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 ADDRESS.

SIGNATURE OF APPLICANT

DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____.

NOTARY PUBLIC

**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