



Hotel/Rooming House/Boarding House/Lodge Information Sheet

- 1. Duplicate Applications** **Answer all questions appropriately and in detail, legibly, in black ink and typed.**

- 2. Personal History Form** **One personal history card, 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, or 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).**



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Continued

8. Fees

Money Orders or Cashier Check only! The following money orders will **NOT be accepted: Fidelity Express, United One, & US Express. (All Fees Are Non-refundable)**

Application Fee: \$50.00

Fingerprint Fee: \$20.00

Permit Fee: \$120.00

If there are any questions concerning the completion of these applications, please call the License and Permits Office for assistance (404) 546-4470. Call for an appointment for filing the application(s). Applications are taken by appointment only.

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.



**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) _____

**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

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: _____



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

**APPLICATION FOR PERMIT TO OPERATE A HOTEL, ROOMING HOUSE,
 BOARDING HOUSE OR LODGE**

1. Is applicant: () Sole Proprietorship () Partnership () Corporation

2. (A) Legal name of business: _____
 (B) Operating / Trade name of business: _____
3. Location of Business: _____
4. If property is rented, owner(s) _____
 Name and Address _____
 Manner in which rent determined: _____
 Amount of Rent: Monthly _____ Annual _____ Other _____
5. Full name of Licensee/Agent: _____
6. Residence Address: _____

	City	County		State	Zip
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 Telephone number: Home _____ Business _____
 Social security number: _____
 Date and place of birth: _____
 Citizen of the USA? () Yes () No Alien Number _____
 Resident of Georgia? () Yes () No Years _____ County _____
 Full name of spouse, include maiden name _____
 Number of hours said Licensee/Agent
 will actively be on the premises: _____ A. M. _____ P. M.
7. List duties of Licensee/Agent: _____

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

Company	Address (City & State)	Position	Dates

9. State the amount and source of funds that have or will be invested by each individual who has an interest in the business. If a Corporation or Partnership, list each individual separately.

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

Type/ Bank/ Location/ Account Number/ Amount

11. Full name of Manager:
Residence address:

Home	Business

Telephone number:
Social Security Number:
Date and place of birth:

D. O. B	City/State

Full name of spouse:

Last	First	M. I.	Maiden

12. 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:

13. Are you familiar with the City of Atlanta Ordinances, State laws and Regulations governing the operation of a permit for: () Rooming House () Boarding House () Yes () No

14. Number of Rooms _____ () Lodge

15. Do you agree to abide by the City of Atlanta Code of Ordinances, laws and regulation? () Yes () No

I, _____ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

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

Notary Public

Date of License Review Board: _____	Investigator/Inspector: _____
Status: () Approve () Denied	Date Received: _____



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2. (A) Legal name of business: _____
 (B) Operating / Trade name of business: _____
3. Location of Business: _____
4. If property is rented, owner(s) _____
 Name and Address _____
 Manner in which rent determined: _____
 Amount of Rent: Monthly _____ Annual _____ Other _____
5. Full name of Licensee/Agent: _____
6. Residence Address: _____

	City	County		State	Zip
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 Telephone number: Home _____ Business _____
 Social security number: _____
 Date and place of birth: _____
 Citizen of the USA? () Yes () No Alien Number _____
 Resident of Georgia? () Yes () No Years _____ County _____
 Full name of spouse, include maiden name _____
 Number of hours said Licensee/Agent
 will actively be on the premises: _____ A. M. _____ P. M.
7. List duties of Licensee/Agent: _____

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

Company	Address (City & State)	Position	Dates

9. State the amount and source of funds that have or will be invested by each individual who has an interest in the business. If a Corporation or Partnership, list each individual separately.

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

Type/ Bank/ Location/ Account Number/ Amount

11. Full name of Manager:
Residence address:

Home	Business

Telephone number:
Social Security Number:
Date and place of birth:

D. O. B	City/State

Full name of spouse:

Last	First	M. I.	Maiden

12. 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:
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List of Sales/Disposition
Of any Corporation assets:

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15. Do you agree to abide by the City of Atlanta Code of Ordinances, laws and regulation? () Yes () No

I, _____ being duly sworn accordingly to law, do swear that the facts and things stated by me in the foregoing answers to questions are true, and no false or fraudulent statement is made herein that such answers were made in order to procure the granting of such license.

Signature of Licensee/Agent

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

Notary Public

Date of License Review Board: _____	Investigator/Inspector: _____
Status: () Approve () Denied	Date Received: _____