

BONDING INFORMATION SHEET

The materials listed below are needed to file all applications *except Alcohol Applications*.

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

2. **Personal History Cards** 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, 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).

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)

SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF POLICE/LICENSE AND PERMITS

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Atlanta public benefit:

For: _____.

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* **All non-citizens must provide their Alien Registration Number below.**

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

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

* _____
Alien Registration number for non-citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



CITY OF ATLANTA
3493 Donald Lee Hollowell Parkway
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, owner(s) _____
name and address: _____

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: _____

Citizen of the USA? () 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 owed/	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Type/ Bank/ Location/ Account Number/ Amount

9. **Full name of Manger:** _____
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** _____

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 read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Bonding Company? Yes No

17. Do you agree to abide by such 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

Signature and Title of person other than
Licensee/Agent filling out this application

(_____) _____
Telephone Number