



**CITY OF ATLANTA POLICE DEPARTMENT
PRECIOUS METAL
INFORMATION CHECKLIST**

- ___ **1. Two Original Applications** All applications must be typed or legibly printed in **black** ink. Each question must be answered completely and correctly. If the space provided herein is not sufficient, attach the additional information. Applications must be signed, dated, notarized and filed in the License & Permits Unit office. This department is located at the City of Atlanta Police Annex, 3493 D. L. Hollowell Parkway, Atlanta, GA 30331.
- ___ **2. Personal History Form** One personal history form and two fingerprint cards per applicant (each individual involved in ownership or first five (5) officers of a corporation **AND** the license/agent) must be filled out completely, signed and fingerprinted.
- ___ **3. Lease** The lease/valid document shows that the applicant has legal access to proposed premises (deed, sublease, rental agreement, and 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. Letters of Reference** May be furnished by any three (3) persons who have known the applicant (agent) for at least three (3) years. The references should include name, address, and a telephone number.
- ___ **7. Financial Investments** All applicants must furnish, at time of filing documentation, all financial investments pertaining to the business operation. (If documents are bank statements, the six months immediately preceding the investment(s) is required.)
- ___ **8. Copies of Ordinances** The information can be obtained at the Clerk of Council Office located at 55 Trinity Street, Suite 2700, or on the web at www.municode.com.
- ___ **9. Transmitting Daily Reports** The owners may transmit daily reports via email to aflores@atlantaga.gov. Please contact the Pawn Desk for installation of software.

If there are any questions concerning the completion of these applications, please call the License & Permits Unit for assistance at **404-546-4470** or **7411**. 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.**

When your application is approved, you must contact the Pawn Desk at **404-546-4255** to register your company and for any additional instruction regarding the Pawn Desk.



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

PRECIOUS METAL APPLICATION

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. If property is rented, owner(s) _____
 Name and Address _____
 Manner in which rent determined: _____
 Amount of Rent: Monthly _____ Annual _____ Other _____

7. Full name of applicant: _____

8. Full name of licensee / agent: _____
 Residence address: _____

 City County State

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 _____

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. Has applicant owned _____ operated _____ or been employed in this type of business before _____. If yes, where _____

12. Has applicant ever had a license or permit suspended _____;
Denied _____; or revoked _____.

13. Indicate whether your proposed business will be buying _____, selling _____, processing _____, gold _____, silver _____, jewelry _____. (Check all that apply).

14. Have you read and fully understand the City of Atlanta Ordinances, State laws and Regulations governing the operation of a Precious Metal Establishment?
() Yes () No

15. 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