

THE CITY OF DALTON, GEORGIA

2016 PAWNBROKER PERMIT APPLICATION

____/____/____
Date Application Filed

Name of Business

- New Application
- Renewal Application
- Change In Existing License(s)
 - Owner
 - Name
 - Employee
 - Location

Zoning Classification of Business
(May be Obtained from City Building Inspection Department)

Sales Tax Number: _____ Federal Identification Number: _____

FOR OFFICE USE ONLY

Business ID Number _____ Occupancy Load _____ Business CID Number _____

**APPLICANT APPLYING FOR PERMIT
THE CITY OF DALTON, GEORGIA
PAWNBROKER PERMIT APPLICATION**

Please List The Applicant Applying For The License. The Applicant May Be An Individual, Partnership, Corporation Or LLC.

Name of Applicant: _____

d/b/a: _____

Local Business Address: _____

Mailing Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Business Telephone ____/____/____ Fax Number ____/____/____

Contact Number ____/____/____

IF APPLICANT IS AN INDIVIDUAL, PLEASE COMPLETE THE FOLLOWING:

- A. ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?
- B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES NO
- C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES NO

SIGNATURE OF APPLICANT

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Applicant, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Applicant's Signature

Date

OWNER INFORMATION
CITY OF DALTON, GEORGIA PAWNBROKER PERMIT

Section 26-252 (f) Each application shall contain the full name, address, phone number, date of birth and social security number of each employee and owner.

OWNER FULL NAME:

List the Name, Address, City, State, Zip & Telephone Number for Owner

NAME:
ADDRESS:
CITY, STATE & ZIP:
TELEPHONE NUMBER:

WHAT IS YOUR RELATIONSHIP TO THE BUSINESS APPLYING FOR THIS LICENSE?

Check the Appropriate Category

- INDIVIDUAL OWNER PARTNER LARGEST STOCKHOLDER/MEMBER AFFILIATE OF BUSINESS
 OTHER

CITIZENSHIP OF OWNER

- A. ARE YOU A UNITED STATES CITIZEN? PERMANENT RESIDENT ALIEN?
- B. ARE YOU A RESIDENT OF THE CITY LIMITS OF DALTON? YES NO
- C. ARE YOU A RESIDENT OF THE WHITFIELD COUNTY? YES NO

SIGNATURE OF OWNER

STATE OF GEORGIA, WHITFIELD COUNTY, CITY OF DALTON

I, _____, Owner, Do Swear or Affirm That the Foregoing Information Is True and Correct and I Am Aware That the Filing of this Application Constitutes My Giving of Said Information under Oath And I Do Hereby Acknowledge Said Oath under Penalties of False Swearing as Provided in Section 16-10-71 O.C.G.A.

Owner's Signature

Date

**ADDITIONAL OWNERS/PARTNERS
OF
PAWNBROKER ESTABLISHMENT**

Please List All Additional Owners/Partners

Owner/Partner _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL OWNERS/PARTNERS

Owner/Partner _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL OWNERS/PARTNERS

Owner/Partner _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL OWNERS/PARTNERS

Owner/Partner _____
Home Address _____
City/State/Zip _____
Phone _____

**EMPLOYEES
OF
PAWNBROKER ESTABLISHMENT**

Please List All Employees

Employee _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL EMPLOYEES

Employee _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL EMPLOYEES

Employee _____
Home Address _____
City/State/Zip _____
Phone _____

ADDITIONAL EMPLOYEES

Employee _____
Home Address _____
City/State/Zip _____
Phone _____

**2016 CONSENT FORM
CITY OF DALTON, GEORGIA
PAWNBROKER PERMIT**

I HEREBY AUTHORIZE THE CITY OF DALTON, AND ITS DEPARTMENTS AND COMMISSIONS TO RECEIVE AND REVIEW ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA. THIS AUTHORIZATION SHALL BE CONTINUING UNTIL REVOKED IN WRITING BY ME.

Check the appropriate Box:

- INDIVIDUAL OWNER PARTNER EMPLOYEE

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

SIGNATURE

DATE

NOTARY _____ DATE _____

⇒ NOTE

No Pawnbroker, employee, or any person having an ownership interest in a pawnshop for which a permit is sought, shall have been convicted of a crime involving “moral turpitude” or shall have been convicted of any crime involving felony theft, burglary, robbery, dishonest, or a violation of the Georgia “Family Violence Act”.

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Check the appropriate Box:

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Check the appropriate Box:

INDIVIDUAL OWNER

PARTNER

EMPLOYEE

FULL NAME PRINTED
ADDRESS
CITY, STATE & ZIP
MAIDEN NAME OR PREVIOUSLY USED NAMES

SEX	RACE	DATE OF BIRTH	SOCIAL SECURITY #

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- INDIVIDUAL OWNER PARTNER EMPLOYEE

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**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION
CITY OF DALTON, GEORGIA**

THIS PAGE MUST BE NOTARIZED

Business Name

By Executing This Affidavit Under Oath, As An Applicant For A City Of Dalton, Georgia Business License Or Occupation Tax Certificate, Alcohol License, Taxi Permit 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 Dalton, Business License Or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit Or Other Public Benefit (Circle One) 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.*

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 Code Section 16-10-20 Of The Official Code Of Georgia.

Signature Of Applicant

Date

Printed Name

*Alien Registration Number For Non-Citizens

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

Date of Birth

Notary Public

My Commission Expires: _____

*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: _____

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A § 36-60-6(d)

CITY OF DALTON, GEORGIA

MUST BE NOTARIZED

Please Check One:

By executing this affidavit, the undersigned private employer verifies its **compliance** with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has **registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number
(E-Verify Company ID Number)

Date of Authorization

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

By executing this affidavit, the undersigned private employer verifies that it is **exempt** from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation **employs ten (10) or less employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
