

COLUMBUS, GEORGIA APPLICATION FOR LICENSE:

TO OPERATE AS: PAWNBROKERS, DEALERS IN SECOND-HAND JEWELRY, PRECIOUS METALS AND GEMS.

1. BUSINESS TITLE:

(A) WHAT KIND OF BUSINESS _____

(B) LEGAL NAME OF BUSINESS _____

(C) TRADE NAME _____

2. LOCATION:

(A) ADDRESS _____

(B) TELEPHONE NO. _____

(C) NAME, ADDRESS & TELEPHONE NO. OF LANDLORD OR OWNER OF SAID LOCATION:

3. OWNERSHIP:

IF OPERATING AS SOLE PROPRIETORSHIP:

(A) NAME _____ SOCIAL SECURITY # _____

(B) ADDRESS _____ DATE OF BIRTH _____

(C) PLACE OF RESIDENCE FOR THE PAST 6 MONTHS _____

(D) PREVIOUS ADDRESS _____ NO. OF YEARS _____

(E) RESIDENT OF COLUMBUS? _____ NO. OF YEARS _____

(F) BUSINESS TELEPHONE _____ RESIDENCE TELEPHONE _____

(G) HAVE YOU BEEN CONVICTED OF AN OFFENSE CONSTITUTING A FELONY WITHIN FIVE YEARS OF ISSUANCE OR RENEWAL, BEEN CONVICTED OR PLED GUILTY OR NOLO CONTENDERE TO ANY FELONY INVOLVING ANY OFFENSE OR ANY MISDEMEANOR INVOLVING THEFT RELATED OFFENSES IN ANY STATE, OR AN OFFENSE INVOLVING THE THEFT OF ANY PROPERTY PRIOR TO FILING THIS APPLICATION? YES _____ NO _____

IF THE ANSWER TO THE ABOVE IS YES, STATE CIRCUMSTANCES IN DETAIL. INFORMATION MUST BE COMPLETE AS TO DATES, CHARGES, COURT JURISDICTION AND DISPOSITION:

(H) HAS THE APPLICANT OR ANY PERSON CONNECTED WITH, EMPLOYED BY OR HAVING ANY INTEREST IN SAID BUSINESS SERVED TIME IN PRISON, OR OTHER CORRECTIONAL INSTITUTION? YES _____ NO _____

IF THE ANSWER TO THE ABOVE IS YES, STATE CIRCUMSTANCES IN COMPLETE DETAIL AS TO CHARGE ON WHICH CONVICTED, NAME OF PRISON OR CORRECTIONAL INSTITUTION LENGTH OF TIME SERVED, DATE OF RELEASE FROM SUCH INSTITUTION, WHETHER SENTENCE HAS BEEN COMPLETED, OR WHETHER ON PROBATION OR PAROLE AND THE TERMS THEREOF.

(I) GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER AND PLACE OF EMPLOYMENT OF TWO (2) PERSONS WHO ARE RESIDENTS OF COLUMBUS, GEORGIA, WHO ARE FAMILIAR WITH YOUR CHARACTER AND REPUTATION.

ALL OF THE FOLLOWING INFORMATION IS HEREBY GIVEN AND ALL OF THE FOREGOING STATEMENTS ARE HEREBY MADE ON OATH, WILLFULLY, KNOWINGLY AND ABSOLUTELY AND THE SAME IS HEREBY SWORN TO BE TRUE UNDER PENALTY FOR FALSE SWEARING AS PROVIDED BY LAW.

APPLICANTS SIGNATURE

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

NOTARY PUBLIC

**If space provided above is insufficient answers may be completed on 8 1/2" x 14" bond paper.

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BUSINESS NAME _____

BUSINESS LOCATION _____

4. PARTNERSHIP:

IF OPERATING AS A PARTNERSHIP, ALL PARTNERS SHALL SUBMIT THE FOLLOWING (MAKE COPIES AND ATTACH FOR EACH PARTNER).

(A) NAME & % OF INTEREST _____ SOCIAL SECURITY # _____

(B) ADDRESS _____ DATE OF BIRTH _____

(C) PLACE OF RESIDENCE FOR THE PAST 6 MONTHS _____

(D) PREVIOUS ADDRESS _____ NO. OF YEARS _____

(E) RESIDENT OF COLUMBUS? _____ NO. OF YEARS _____

(F) BUSINESS TELEPHONE _____ RESIDENCE TELEPHONE _____

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BUSINESS LOCATION _____

5. CORPORATION:

IF OPERATING AS A CORPORATION ALL OFFICERS (THE PRESIDENT, VICE-PRESIDENT, SECRETARY AND TREASURER) AND ALL DIRECTORS SHALL SUBMIT THE FOLLOWING (MAKE COPIES AND ATTACH FOR EACH OFFICER AND DIRECTOR).

(A) NAME & % OF INTEREST _____ SOCIAL SECURITY # _____

(B) ADDRESS _____ DATE OF BIRTH _____

(C) PLACE OF RESIDENCE FOR THE PAST 6 MONTHS _____

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BUSINESS LOCATION _____

6. MANAGER _____ OR AGENT _____
(CHECK APPROPRIATE SPACE EITHER MANAGER OR AGENT)

(A) NAME _____ SOCIAL SECURITY # _____

(B) ADDRESS _____ DATE OF BIRTH _____

(C) PLACE OF RESIDENCE FOR THE PAST 6 MONTHS _____

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OCCUPATION TAX SECTION

DATE: _____

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BUSINESS NAME _____

BUSINESS LOCATION _____

7. EMPLOYEE:

MAKE COPIES AND ATTACH FOR EACH ADDITIONAL EMPLOYEE.

(A) NAME _____ SOCIAL SECURITY # _____

(B) ADDRESS _____ DATE OF BIRTH _____

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COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

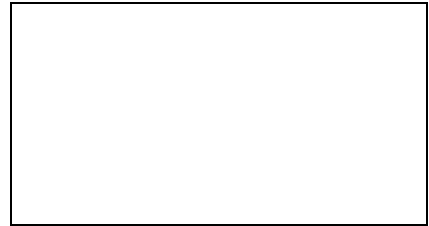
0101-099-1999-4869

FINANCE DEPARTMENT

REVENUE DIVISION - Occupation Tax Section

3111 Citizens Way, P.O. Box 1397 Columbus, Georgia 31902-1397

706-653-4100, Fax 706-225-3780



Amount To Be Validated: \$20.00

**WAIVER FOR POLICE RECORDS CHECK
(PAWNSHOP)**

I understand that in order for the Columbus Police Department to approve my application for a Pawnbroker license, or employment the Columbus Police Department will have to perform a criminal record check on myself. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Pawn Shop Division, or it's authorized agent. I further authorize the Columbus Police Department to share this information with my employer.

Full Name: _____

Maiden Name: (if applicable) _____

Any Aliases Used: (if applicable) _____

Social Security Number: _____

Date of Birth: _____ Gender: _____ Race: _____

Signature of Applicant/Principal

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public

My Commission Expires: _____

(For Office Use Only)

Subject does / does not have felonies on his or her record

Subject does / does not have misdemeanors relating to moral turpitude, drugs, or alcohol.

Columbus Police Department

(Please attach applicable records.)

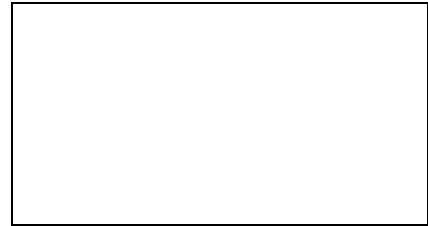


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(Please attach applicable records.)



We do amazing.

COLUMBUS CONSOLIDATED GOVERNMENT

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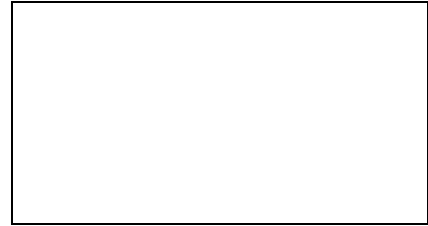
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Date of Birth: _____ Gender: _____ Race: _____

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My Commission Expires: _____

Notary Public

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Columbus Police Department

(Please attach applicable records.)



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We do amazing.

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