

CITY OF WOODSTOCK
Development Services Department
12453 Hwy 92 * Woodstock, Georgia 30188
(770) 592-6054

PAWN BROKER

PRECIOUS METALS OR GEMS DEALER

REGULATORY FEE: \$500.00

FINGERPRINT FEE: \$50.00 EACH PERSON

BUSINESS INFORMATION

Full Name of Business: _____

D/B/A: _____

Street Address of Business: _____

Business Phone Number: _____

Name of Business Owner: _____

Mailing Address: _____

Business Phone Number: _____ Fax Number: _____

Web Site Address: _____

Sole Proprietorship Partnership Corporation Domestic Foreign

OFFICE USE ONLY

Date Received: _____ Account NO: _____	
<input type="checkbox"/> Renting <input type="checkbox"/> Leasing <input type="checkbox"/> Owner	If renting or leasing – attach copy of agreement.
Name of Current Property Owner: _____	
<i>Provide a copy of the lease agreement</i> Current Taxes Paid: _____ Tax Clerk _____	
Tax Map/Parcel Number: _____	Current Zoning: _____
Previous Owner/Occupant: _____	
Notes: _____	

APPLICANT/OWNER INFORMATION
Fingerprinting and Consent Form Required

Full Name: _____

Social Security Number: _____ Drivers License #: _____ State: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Applicant's Birthplace: _____ Date of Birth: _____

Are you a U.S. Citizen: Yes No If not, where are you a citizen? _____

Applicant's Current Position with Business: _____

Percent of Ownership or Interest in this Business: _____% Number of Years with this Business: _____

Occupation for Last Five Years: _____

Are you married? Yes No If yes, please answer the following:

Spouse's Name: _____

Social Security Number: _____ Drivers License #: _____

Does Spouse Have 10% or More Interest in this Business? Yes No

Have you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) Yes No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

A copy of the ordinance has been submitted to you for reference. Please read carefully and follow the instructions accordingly.

I have received a copy of the City of Woodstock Precious Metals and Gems Ordinance:

Applicant Signature

EMPLOYEE'S INFORMATION * DUPLICATE THIS PAGE AS NEEDED*****
O.C.G.A. 43-37-2 (C) Fingerprint and Consent Form Required for each employee

Employee's Name: _____

Social Security Number: _____ Drivers License # _____ State: _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

E-Mail Address: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Place of Birth: _____ Date of Birth: _____

Are you a U.S. Citizen? Yes No If not, where are you a citizen? _____

Percent of Ownership or Interest in this Business: _____% Number of Years with this Business _____

List Responsibilities as Employee: (Attach another sheet, if more room is needed). _____

Occupation for Last Five Years: _____

Does the employee own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes, please give property tax map and parcel number and street address:

Tax Map: _____ Parcel#: _____ Street Address _____

Have you ever been convicted of a felony? O.C.G.A. 43-37-2 (d) Yes No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

Are you married: Yes No If yes, please answer the following:

Spouse's Name: _____

Social Security Number: _____ Driver's License # _____

Does Spouse have 10% or more interest in this business? Yes No

PARTNERSHIP INFORMATION

Fingerprint and Consent Form Required (duplicate as needed for additional Partners)

Partner #1 Name: _____

Social Security Number: _____ Drivers License #: _____ State _____

Current Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Home Phone: _____ Cell Number: _____

Previous Home Address: _____

City/State/Zip: _____

County: _____ # of Years: _____

Birthplace: _____ Date of Birth _____

Are you a U.S. Citizen: Yes No If not, where are you a citizen? _____

Percentage or Interest of Ownership: _____

Occupation for Last Five Years: _____

Has this person been convicted of a felony? O.C.G.A. 43-37-2 (d) Yes No

If yes, please give name, association with business, the year of conviction and the crime as charged: _____

Does this person own any property within the corporate boundaries of the City of Woodstock? Yes No

If yes, please give property tax map and parcel number and street address:

Tax Map: _____ Parcel: _____ Street Address: _____

CORPORATION INFORMATION

Fingerprint and Consent Form Required on Officers and Stockholders with 10% or More Interest

Name of Corporation: _____

Year Incorporated: _____ Place of Incorporation: _____

Address of Corporation: _____

City/State/Zip: _____

Fingerprinting – GBI Justice check must be obtained at City of Woodstock Municipal Court and Police Administration. Appointment must be scheduled through Development Services Department.

CONSENT FORM

Please Duplicate As Needed

Type Information Requested:

Criminal History

I hereby authorize the City of Woodstock, Georgia to receive any criminal and/or driver history pertaining to me which may be in the files of any state, federal or local criminal justice agency. PLEASE TYPE/PRINT

Last Name	First Name	Middle Name	Maiden
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Street Address	Apartment Number
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City	State	Zip	County
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Sex	Race	Height	Weight	Eyes	Hair
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Date of Birth	Place of Birth	Social Security Number
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Drivers License Number	State	Expiration Date
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Signature	Date
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Notary Public: _____

My Commission Expires: _____

*Affidavit Verifying Status
for a City Public Benefit Application*

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

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.

Signature of Applicant: _____ Date: _____

Print Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS
____ DAY OF _____, 20____
Notary Public
My Commission Expires:

* _____
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:

Company Name _____

Private Employer Affidavit Of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

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 employs **100 or more employees** and 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. § 13-10-90. 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

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ____, 201__ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

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

NOTARY PUBLIC

My Commission Expires:

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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 **99 or fewer** employees and therefore, 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. § 13-10-90.

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 _____, _____, 20____ in Woodstock, Georgia.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Company Name

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

NOTARY PUBLIC

My Commission Expires:

**CITY OF WOODSTOCK
PAWN BROKER/PRECIOUS METALS AND GEMS APPLICATION**

(This page is for office use only)

Business Name: _____ Address: _____

OFFICE USE ONLY:

Received _____

Amount paid \$ _____ **Check #** _____ **Money Order #** _____

Note: Office recommendation: Any office recommending denial shall attach written justification and any documents necessary to support the recommendation then forward to the next office for review.

Business License Officer Signature _____ Application Complete _____
Date Comments

Community Development Signature _____ Requirements met Recommend Denial
Date Comments _____

Records Signature _____ Requirements met Recommend Denial
Date Comments _____

Police _____ Requirements met Recommend Denial
Date Comments _____

Mark as completed:

COMPLETE AGENDA REQUEST AND FORWARD WITH APPLICATION TO CITY CLERK.

CITY COUNCIL ACTION: APPROVED DENIED DATE: _____.