



**Development Services**  
12453 Highway 92, Woodstock, GA 30188  
Office: (770) 592-6054  
[businesslicense@woodstockga.gov](mailto:businesslicense@woodstockga.gov)

## **2020 Pawn/Precious Metals Dealer License Renewal Application**

**\*\*A separate Occupational Tax License Renewal Application is due in addition to this form\*\***

**PAWN/PRECIOUS METALS OR GEMS DEALER REGULATORY FEE: \$500.00**

### **BUSINESS INFORMATION**

Full Name of Business: \_\_\_\_\_

D/B/A: \_\_\_\_\_

Street Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Sole Proprietorship     Partnership     Corporation     Domestic     Foreign

### **OFFICE USE ONLY:**

Date Received \_\_\_\_\_ Amount paid \$ \_\_\_\_\_ Payment Type \_\_\_\_\_

**\*\*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.

\_\_\_\_\_  
Development Services Signature                      Date                       Complete                       Incomplete  
\_\_\_\_\_  
Comments

\_\_\_\_\_  
Records Signature                      Date                       Requirements met                       Recommend Denial  
\_\_\_\_\_  
Comments

\_\_\_\_\_  
Police                      Date                       Requirements met                       Recommend Denial  
\_\_\_\_\_  
Comments



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**APPLICANT/OWNER INFORMATION**  
*Consent Form & ID Required*

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's 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: \_\_\_\_\_ Driver's 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



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**ADDITIONAL OWNER INFORMATION**

*Consent Form & ID Required (duplicate as needed for additional Owners-required for all officers and stockholders with 10% or more interest)*

Partner #1 Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Current Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

County: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Previous Home Address (if less than 3 years at current 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:

Map/Parcel Number: \_\_\_\_\_ Street Address: \_\_\_\_\_



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**EMPLOYEE INFORMATION \*\*\* DUPLICATE THIS PAGE AS NEEDED FOR ALL EMPLOYEES\*\*\***  
*O.C.G.A. 43-37-2 (C) Consent Form & ID Required for each employee*

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License # \_\_\_\_\_ State: \_\_\_\_\_

Current Home Address: \_\_\_\_\_ County: \_\_\_\_\_

City /State / Zip: \_\_\_\_\_ # of Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous Home Address (if less than 3 year at current 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: 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

