



City of Ringgold

150 Tennessee Street
Ringgold, GA 30736

Office (706) 935-3061
Fax (706) 965-7446

PAWNBROKERS AND SECONDHAND DEALERS LICENSE APPLICATION

YEAR 20_____

DATE OF APPLICATION: _____

New Application Renewal/Manager Change

INSTRUCTIONS: EACH AND EVERY question must be fully answered (typewritten or printed in ink). If the question does not pertain, so indicate. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. When completed, it must be dated, signed and verified under oath by the applicant and filed with the License Department, together with all supporting papers.

OATH

OATH: I do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made to the foregoing questions in this application are true and complete, and no false or fraudulent statement or answer is made herein to procure granting of a license, that any license issued pursuant to this application conditioned upon a fraudulent statement or answer herein shall constitute cause for the suspension or revocation of any license issued pursuant to this application. Should any change occur during the year for which a license is issued pursuant to this application, such change MUST be reported as a written amendment to this application within five (5) days of the change. The failure to make such amendment shall be caused for the suspension or revocation of any license issued. I have received a copy of the City of Ringgold's Pawnbrokers and Secondhand Dealers Ordinance as amended and swear and affirm that I will abide by and comply with all of the terms of the ordinance.

Signature of Applicant

Date

Business and/or Organization Name

Sworn to and subscribed before me

This _____ day of _____, 20_____.

Notary Public, State of Georgia

My Commission Expires: _____

1. Full Name of Business: _____

Under what name is the business to be operated: _____

Is the Business a Proprietorship, Partnership, Corporation, Domestic, or Foreign:

2. Physical location of business: _____

3. Phone: _____

4. Full Name of Applicant: _____

Date of Birth: _____

Full Name of Spouse, if Married: _____

Date of Birth: _____

Are you a citizen of the United States: _____ Birthplace: _____

Current Address: _____

Home Telephone: _____

Number of Years at Present Address: _____

Do you reside in Catoosa County: _____ If yes, how long: _____

Previous Address: _____

Number of Years at Previous Address: _____

State Driver's License Number: _____

What has been your occupation for the past five (5) years, please give a detailed list:

Applicant's employment date with present business: _____

Date business will be in Ringgold: _____

5. What is the name of the person who, if the license is granted will be the active manager of the business and on the job at the business? List address, occupation, phone number, and employer:

6. Has the applicant, spouse, or any individual having an interest either as owner, partner, or stockholder, been convicted or entered a plea of nolo contendere within five (5) years immediately prior to the filing of this application for any felony or misdemeanor of any state, or of the United States, or any municipal ordinance except traffic violations: _____

7. How is the proposed location zoned: _____

8. If operating as a corporation, state name and address of the corporation, when and where incorporated, and the names and addresses of the officers and directors, social security numbers, and the office held by each: _____

9. If operating as a corporation, list the stockholders complete addresses, area code and telephone numbers, residential and business, and the amount of interest or each stockholder in the corporation: _____

10. If operating as a partnership, list the partners with complete addresses, area code and telephone numbers, residential and business, and the amount of interest or percent of ownership of each partner: _____

11. List all employees:

(1) Name: _____

Aliases used within last 10 years: _____

SS#: _____ Date of Birth: _____

Home Address: _____

Mailing Address: _____

Home Phone: (_____) _____ Cell #: (_____) _____

Email Address: _____

(2) Name: _____
Aliases used within last 10 years: _____
SS#: _____ Date of Birth: _____
Home Address: _____
Mailing Address: _____
Home Phone:(_____) _____ Cell #: (_____) _____
Email Address: _____

(3) Name: _____
Aliases used within last 10 years: _____
SS#: _____ Date of Birth: _____
Home Address: _____
Mailing Address: _____
Home Phone:(_____) _____ Cell #: (_____) _____
Email Address: _____

(4) Name: _____
Aliases used within last 10 years: _____
SS#: _____ Date of Birth: _____
Home Address: _____
Mailing Address: _____
Home Phone:(_____) _____ Cell #: (_____) _____
Email Address: _____

(5) Name: _____
Aliases used within last 10 years: _____
SS#: _____ Date of Birth: _____
Home Address: _____
Mailing Address: _____
Home Phone:(_____) _____ Cell #: (_____) _____
Email Address: _____

I HEREBY CERTIFY AS APPLICANT THAT I HAVE RECEIVED, READ AND UNDERSTAND THE PAWNBROKERS AND SECONDHAND DEALERS ORDINANCE AND HEREBY AGREE TO COMPLY WITH SAID REGULATIONS.

Signature of Applicant

Date

12. Do you have any questions or comments regarding the ordinances, laws, regulations or application:

YES NO

Are you familiar with the state laws and regulations, federal laws and regulations regarding governing the operation of this type of business:

YES NO

13. Have you made application for a State license:

YES NO

14. Have you answered all the questions:

YES NO

FOR OFFICE USE ONLY:

Approved: _____ Denied: _____



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DESIGNATED AGENT CONSENT AND INFORMATION FORM CITY OF RINGGOLD PAWNBROKERS AND SECONDHAND DEALERS LICENSE

I, _____ do hereby consent to serve as the Designated Agent for the licensee, owners, officers, and/or directors and perform all obligations of such agency under the Pawnbrokers and Secondhand Dealers Ordinance of the City of Ringgold, Georgia. I understand the basic purpose is to have and continuously maintain in Catoosa County a Designated Agent upon which any process, notice, or demand required or permitted by law or under said Ordinance to be served upon the licensee or owner may be served. **I understand that the Designated Agent must be a resident of Catoosa County.**

SIGNATURE OF DESIGNATED AGENT:

DATE

Print:

Name: _____

Address: _____

City, State & Zip: _____

Telephone #: _____

Social Security #: _____

Sworn to and subscribed before me

this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____
to receive any Georgia criminal history record information pertaining to me which may be in the
files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/____ (circle one) days from date of signature.
- I, _____ give consent to the above
named to perform periodic criminal history background checks for the duration of my
employment with this company.