

DATE: \_\_\_\_\_

COLUMBUS, GEORGIA APPLICATION FOR LICENSE:

(A) WHAT KIND OF BUSINESS \_\_\_\_\_

(B) LEGAL NAME OF BUSINESS \_\_\_\_\_

(C) TRADE NAME \_\_\_\_\_

(A) ADDRESS\_\_\_\_\_

(B) TELEPHONE NO. \_\_\_\_\_

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

**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

---

NOTARY PUBLIC

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

COLUMBUS, GEORGIA APPLICATION FOR LICENSE:

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

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\_\_\_\_\_

(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.

COLUMBUS, GEORGIA APPLICATION FOR LICENSE:

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

BUSINESS NAME\_\_\_\_\_

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\_\_\_\_\_

(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:  
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(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.  
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\_\_\_\_\_  
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SWORN TO AND SUBSCRIBED BEFORE  
ME THIS \_\_\_\_\_DAY OF \_\_\_\_\_20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
APPLICANTS SIGNATURE

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

BUSINESS NAME \_\_\_\_\_

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 \_\_\_\_\_

(D) PREVIOUS ADDRESS \_\_\_\_\_ NO. OF YEARS \_\_\_\_\_

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YES \_\_\_\_\_ NO \_\_\_\_\_

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YES \_\_\_\_\_ NO \_\_\_\_\_

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\_\_\_\_\_  
NOTARY PUBLIC

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OCCUPATION TAX SECTION DATE: \_\_\_\_\_

COLUMBUS, GEORGIA APPLICATION FOR LICENSE:

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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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YES \_\_\_\_\_ NO \_\_\_\_\_

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NOTARY PUBLIC

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APPLICANTS SIGNATURE

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# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

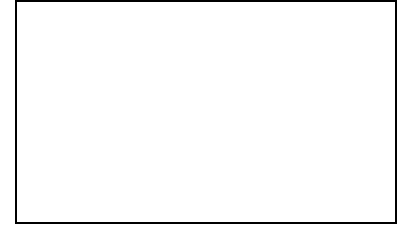
0101-099-1999-4869

## 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**

☐

Alcoholic Beverage License

☐

Pawnbroker Application

☐

Coin Operated Amusement Machines

☐

Taxicab Application

## WAIVER FOR POLICE RECORDS CHECK

I understand that in order for the Finance Department to review and/or approve my application for the above checked item, the Columbus Police Department will have to perform a criminal record check on me. I hereby authorize the Columbus Police Department to conduct such a criminal record check locally and statewide, and release the information to the Finance Department, or it's authorized agent.

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: \_\_\_\_\_



# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

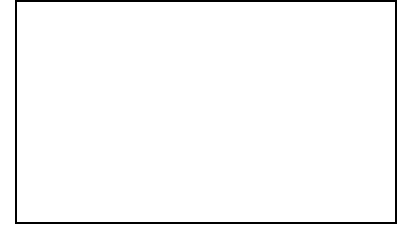
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Signature of Applicant/Principal

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# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government

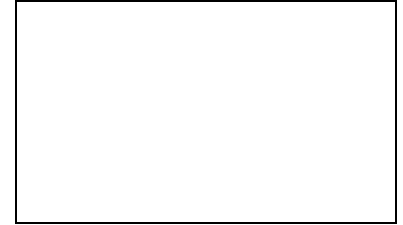
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**Amount To Be Validated: \$20.00**

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Any Aliases Used: (if applicable) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

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\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_





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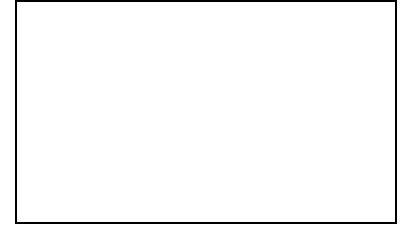
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Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant/Principal

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_