



Application Fee \$25
Background Ck \$15
Total fee \$40

CITY OF ACWORTH POLICE DEPARTMENT
PAWN & PRECIOUS METALS PERMIT APPLICATION

Cash or Check only
Return application and fees to City Hall

Date of Application _____ Renewal or New Application

Name of Applicant _____ Phone No. _____

DOB _____ Age _____ Sex _____ Race _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Driver's License No. _____ State of issuance _____

Business Name _____ Business Phone No. _____

Business Address _____

Name of Business Owner _____

Your Position at Business _____ Date of Hire _____

STOP HERE! DO NOT FILL OUT ANYTHING BELOW!

Approved or Denied

If denied, reason why: _____

Investigated By _____ Badge # _____

Signature _____ Date _____



Acworth Police Department Consent Form



I hereby authorize the Acworth Police Department to receive any criminal history record information pertaining to me, which may be in the files of any national state or local criminal justice agency. I hereby authorize the Acworth Police Department to release all criminal history record information received to:
_____ care of _____.

Full Name (print)

Maiden Name / Previous Name / Alias

Street Address

City

State

Zip Code

Date of Birth

Social Security Number

Race:

- A – Asian, Asian Indians, & Other Non-
- I – American Indian or Alaskan Native
- B – Black
- W – White (Includes Mexicans & Latins)
- U – Unknown / Other

Sex:

- Male
- Female

Signature

Date

Signed and sealed on the ____ day of _____, _____

Notary

Seal

Official Use Only

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')

GCIC Operator Signature

Date

Record Attached

- FBI Number Checked
- State ID Number Checked

No Record



Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a City of Acworth, 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 a City of Acworth, (**check one of the following**):

- | | |
|--|---|
| <input type="checkbox"/> Business License or Georgia Occupational Tax Certificate | Miscellaneous Licenses (check one below): |
| <input type="checkbox"/> Alcohol Beverage License | <input type="checkbox"/> Auctioneers |
| <input type="checkbox"/> Taxicab License | <input type="checkbox"/> Pawn Brokers |
| <input type="checkbox"/> Insurance Company License | <input type="checkbox"/> Massage Therapists |
| <input type="checkbox"/> Employee Benefits (Retirement, Health, Disability) | <input type="checkbox"/> Billiard Rooms Operations |
| <input type="checkbox"/> Contracts (Please specify type) _____ | <input type="checkbox"/> Precious Metals and Gems Dealers |
| <input type="checkbox"/> Other public benefit (<i>indicate, if not listed above</i>) _____ | <input type="checkbox"/> Flea Markets |

Name of Business _____

Check only one:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

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, and face criminal penalties as allowed by such criminal statute.

Executed this ____ day of _____, 20__ in _____ (city), _____ (state).

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

Signature of Applicant

Notary Public _____

Printed Name of Applicant

My Commission Expires: _____

*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: