CITY OF CALHOUN
APPLICATION FOR
PAWN SHOP LICENSE

CHECK LIST

- ❑ **Application**

- ❑ **Before the application is submitted to City Hall the criminal history must be completed. The record request form along with an original social security card and photo id, must be taken to the Calhoun Police Department: 200 North Wall Street. Appointment must be made in advance by calling 706-629-1234. Notaries are available at the Police Department. A $28.00 fee is required for the background check and fingerprint cards. Must have form for each owner and manager. The police department accepts cash only.**

- ❑ **Affidavit Verifying Status**

CITY OF CALHOUN, GEORGIA
PAWN SHOP LICENSE APPLICATION
FOR YEAR: _____

Name of Business: _____

Name of Owner/President: _____

Location Address: _____

Mailing Address: _____

Name of Manager: _____

Manager's Address:_____

Manager's Home Telephone Number:_____ Business Telephone Number:_____

Manager's Date of Birth: _____

Do you have a State/Federal Permit for buying/trading Guns through the business? _____Yes _____No

Oath:

"I understand a criminal history of the manager/owner is required, and I have signed the necessary forms authorizing said inquiry. I also understand the City Council Ordinance designates reporting requirements, and I hereby agree to comply with these requirements."

_____
Signature

_____
Witness

_____
Notary Public

Date of Application: _____

Date of First Reading: _____

Date of Second Reading: _____

Date Approved/Disapproved: _____

CONSENT FORM

I hereby authorize the City of Calhoun Police Department to receive any criminal history record information pertaining to me that may be in the files of any state or local criminal justice agency in Georgia**.**

_____

Full Name Printed Company

_____

Address

_____ _____ _____ _____

Sex Race DOB SSN

_____

Signature

Signed before me this _____

day of _____, 20_____.

_____

Notary Public

Please email results to Judy Craig at City Hall (jcraig@calnet-ga.net)

City of Calhoun
Affidavit Verifying Status
For City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Calhoun, Georgia Business License as referenced in O.C.G.A. § 50-36-1, from the undersigned applicant verifies **one** of the following with respect to my application for a public benefit:

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 or older and has provided at least one secure and verifiable document, as required by OC.G.A. § 50-36-1(e)(1), with this affidavit.

A copy of one of the following cards must be attached:
Driver's license, Permanent Resident, Employment Authorization Document,
US Passport, US military ID, or a Certificate of Citizenship.

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.

Signature of Applicant: _____ Printed Name: _____ Date: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____,20_____

_____
Notary Public

My Commission Expires:

Drivers License Number _____