



# 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

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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.