



**City of Dawsonville**  
 415 Highway 53 East Suite 100  
 Dawsonville, Georgia 30534  
 Phone: (706) 265-3256  
 Website: [www.dawsonville-ga.gov](http://www.dawsonville-ga.gov)  
 Email: [Planning@dawsonville-ga.gov](mailto:Planning@dawsonville-ga.gov)

**PAWN SHOP LICENSE  
 APPLICATION  
 (MUST be completed with  
 Business License Application)**

**PAWN SHOP LICENSE APPLICATION (APPLICANT)**

**\*APPLICANT MUST BE MANAGING AGENT\***

Applicants Name: \_\_\_\_\_

(Aliases, Name Changes past 5 years) \_\_\_\_\_

Residency Address: \_\_\_\_\_ Residency Length: \_\_\_\_\_

Applicants Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_

- Applicant Over 18?
- Attached Proof of Age.

Business, occupation or employment history of the applicant(s) for the five years immediately preceding the date of the application: \_\_\_\_\_

The pawnshop permit history of the applicant(s) and whether, in previous operations in this or any other city, state or territory, the applicant(s) has had such permit revoked or suspended. If such permit has been revoked or suspended, the applicant(s) must state the reason, and the business activity or occupation subsequent to such action of suspension or revocation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAWN SHOP LICENSE APPLICATION (BUSINESS)**

**Business Name:** \_\_\_\_\_ **Trade Name:** \_\_\_\_\_

\* a copy of the trade name, properly recorded, must be provided. If owner is a corporation, a copy of authority to do business in the state, including articles of incorporation, trade name, affidavit, if any, and the last annual report, if any, must be provided.

E911 Business Address: \_\_\_\_\_ Premises:  Owned  Rent - (attach copy of lease/deed)

Business Mailing Address: \_\_\_\_\_ TMP: \_\_\_\_\_ Zoning: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ NAICS Number: \_\_\_\_\_

- Please be sure that your business activity is an allowed use in the Zoning Classification for your business location prior to signing lease agreements or commencing any other type of business.

Make Checks Payable to: <b>City of Dawsonville</b> <i>"Individuals, businesses and practitioners who fail or refuse to pay any occupation tax charged pursuant to this ordinance shall be subject to a civil fine, to be imposed by court of competent jurisdiction over enforcement of City's ordinances, not more than five hundred dollars (\$500.00), which may be enforced by the contempt power of the court." - Sec. 8-46. (b)</i>	Pawnbroker Fee's	Tax Liability
	Pawnbroker annual license fee	\$1,025.00
	Pawnbroker annual license fee – After July	\$512.50
	Pawnbroker change of location fee	\$100.00
	Pawnbroker managing agent change fee	\$100.00
	Pawnbroker registered agent change fee	\$25.00
	Pawnbroker license transfer	\$25.00

If the owner(s),

- Sole Proprietorship - Need a Copy of Driver's License for sole proprietor
- Corporation - the name of the corporation shall be set forth exactly as shown in its articles of incorporation or charter, together with place and date of incorporation, and the names and addresses of each of its current officers and directors.
- Partnership - the applicant shall set forth the name, residence address and dates of birth of the partners.
- Limited partnership - shall furnish a copy of its certificate filed with the county clerk or secretary of state. If one or more of the partners is a corporation, the provisions of this subsection pertaining to corporations shall apply.

**Have any of the owners, partners or interest holders have been convicted of any crime in the past ten years**

(YES) or (NO)

- If yes, please submit in writing a completed description of any such crime including date of violation, date of conviction, jurisdiction and any disposition, including any fine or sentence imposed and whether the terms of the disposition have been fully completed.

In writing, disclose any ownership interest in any other pawnshop, whether it is located locally or out of state and must disclose the nature of such ownership interest.

**New businesses must pay a Certificate of Occupancy Inspection Fee(s) to Dawson County must fill out DCEMS 1 form.**

**PAWN SHOP LICENSE APPLICATION (OATH)**

I, \_\_\_\_\_ (print name), being the: OWNER \_\_\_\_\_ OFFICER \_\_\_\_\_ AGENT \_\_\_\_\_ certify that all information contained herein is true and correct. The application has been verified and acknowledged under oath to be true and correct by all owners, partners and interest holders. I certify on that they have read this article and, if the license is granted, each licensee shall maintain a copy of this article on the premises. I understand that submittal of this application and fee does not entitle the applicant to engage in the business applied for until such application is approved, and license is issued. I also understand that it is my responsibility to renew my business license annually.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE\_

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
NOTARY PUBLIC Signature                      My Commission Expires                      (Seal)

SAVE PUBLIC BENEFITS AFFIDAVIT

O.C.G.A § 50-36-1 (f)(1)

Instructions: As required by Georgia Security and Immigration Compliance Act of 2006, as amended, every agency administering or providing Public Benefits is responsible for requiring that applicants for public benefits execute a sworn affidavit verifying the applicant’s lawful presence in the United States (Ga. Code 50-36-1(e)(2)). The applicant shall execute this affidavit in front of a Notary and return it to the city along with the associated application, renewal form, contract, bid packet, or other applicable document.

By executing this affidavit under oath, as an applicant for a public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Dawsonville, the undersigned applicant verifies one of the following with respect to my application for public benefit. (Please check one)

1) \_\_\_\_\_ I am a United States citizen. (REQUIRES VERIFICATION AT SUBMISSION)

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 Dept. of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant has 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 Georgia Law O.C.G.A § 50-36-1(f) (1) (A) with this affidavit.

**REQUIRES VERIFICATION AT SUBMISSION** – Which type of secure and verifiable document was provided?:

U.S. Driver’s License  U.S. Passport  U.S. Military ID  Other ID \_\_\_\_\_ O.C.G.A. § 50-36-2

===== **MUST BE COMPLETED WITH A NOTARY** =====

**In making the above representation under oath, I understand that any person who knowingly and willfully who makes a false, fictitious, or fraudulent statement or representation in this 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.**

I, \_\_\_\_\_ (representative for) \_\_\_\_\_  
(Printed NAME of individual and natural person) (Name of BUSINESS, corporation, partnership, etc.)

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE\_

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

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

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

(Seal)

E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT

O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax / Business License as referenced in O.C.G.A. § 36-60-6(d), from the City of Dawsonville, the undersigned applicant representing the private employer known

as \_\_\_\_\_ (Printed Name of Employer)

verifies one of the following with respect to my application for the above mentioned business document:

1. Choose ONE of the following:

(A) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**. \* If the employer selected (A) please fill out **section 2** below.

(B) \_\_\_ On January 1st of the below signed year the individual, firm, or corporation employed **less than ten (10) employees**.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6 (a). The undersigned private employer also attests that its federal work authorization user identification number (e-verify user #) and date of authorization are as listed below:

\_\_\_\_\_ Federal Work Authorization User Identification Number (E-Verify #)

\_\_\_\_\_ Date of Authorization

=====MUST BE COMPLETED WITH A NOTARY=====

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties allowed by such statute.

\_\_\_\_\_  
Signature of Authorized Officer or Agent Printed Name/Title of Authorized Officer or Agent Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE\_

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

Executed in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

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

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

(Seal)



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**Registered Agent  
 Consent Form**

\_\_\_\_\_  
**Business Name**

\_\_\_\_\_  
**Location Address**

I, \_\_\_\_\_, do hereby consent to serve as the Registered Agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the Pawn Shop Ordinance of the City of Dawsonville. I understand the basic purpose is to have and continuously maintain in the City of Dawsonville or Dawson County a Registered 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 Registered Agent must be a resident of the City of Dawsonville or Dawson County.**

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Representative/Registered Agent

\_\_\_\_\_  
 Print Name of Representative

\_\_\_\_\_  
 Print Representative's Street Address

\_\_\_\_\_  
 Print Representative's City - County - State - Zip Code

\_\_\_\_\_  
 Representative's Home Telephone Number

\_\_\_\_\_  
 Representative's Work/Cell Telephone Number

Sworn to and subscribed before me  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
 Notary Public, State of Georgia

(SEAL)

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