Forsyth County Business License Dvision
110 E. Main Street | Suite 130 | Cumming, GA 30040
(678) 455-9888 | www.forsythco.com

Application for Pawnshop License

Please review the Forsyth County Pawnbroker Pawnshop Ordinance before applying for your pawnshop license. This is also available for review in our office. For questions regarding this Ordinance, please contact:

Business License Division
678-455-9888 (option 2)
alcohol@forsythco.com

- When your application is completely executed with all applicable documents attached, and you are ready for submittal, call our office for an appointment.

- Following the submittal of your application, applicants are required to visit the Forsyth County Sheriff's Office to submit fingerprints and authorize a criminal history background check. The Sheriff's Office will provide you a criminal background report; you must return this document to the Business License Department.

- Public hearings for pawnshop license applications are held the third Thursday of each month. The deadline for new applications is 38-days prior to the public hearing. Applications that are incomplete or inaccurate will not be processed.

- Please do not print this application as a double-sided document.

Section I: Application Type

1) Include a check made payable to Forsyth County for the $275 investigative fee and license fee. Visa and MasterCard are acceptable forms of payment, please contact our office for assistance.

2) If operating under a trade name (DBA), provide the trade name (DBA) with applicable document.

_____

3) Complete item 3a if the applicant is a sole proprietor.

   a) Provide the name of the sole proprietor (this person will be the named licensee and must complete Sections II through VI of this application):

   _____

4) Complete items 4a through 4e if the applicant is a partnership (this includes LLCs and their members).

   a) Provide the name and address of the partnership:

   _____

   b) Provide the name of one of the individual partners/members who shall serve as the named licensee (this person must complete Sections II through VI of their application):

   _____

   c) List the name of each partner / member:

   _____

   _____

   d) Each partner/member is considered an applicant and shall individually complete Sections IV through VI of this application. Print additional copies of these sections for each applicant identified in question 4c.

   e) Include a copy the partnership/operating agreement, including any amendments.

5) Complete items 5a through 5e if the applicant is a corporation.

   a) Provide the name and address of the corporation:

   _____

b) Provide the name of the majority stockholder or principal officer that will be the named licensee (this person must complete Sections II through VI of this application):

_____

c) List the names of the majority stockholder and each principal officer:

_____

_____

d) The majority stockholder and each principal officer of the corporation are considered an applicant and shall individually complete Sections IV through VI of this application. Print additional copies of these sections for each applicant identified in question 5c.

e) Include a copy of the Articles of Incorporation and By-Laws, including any amendments.

Section II: Proposed Location

6) Provide the address of the proposed establishment:

_____

_____

_____

7) All applications shall provide a site plan of the property that includes the location and type of structures; the location and number of parking spaces; sidewalks; patios; and vehicle ingress and egress points.

Section III: Registered Agent Verification

8) Name of registered agent (must reside within Forsyth County):

_____

9) Address of registered agent (home address):

_____

10) Phone number and email address of registered agent:

_____

11) Registered Agent Verification:

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application.

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application.

_____
Name (Print)

_____
Signature

Sworn to and subscribed before me this _____day of_____, 20_____.

_____
Notary Public

Section IV: Applicant Statement

12) I have read and understand the Forsyth County Pawnshop and Pawnbroker Ordinance: [YES] *or* [NO]

13) I understand that, if a license is granted, I must maintain a copy of the Forsyth County Pawnshop and Pawn Broker Ordinance on the licensed premises: [YES] *or* [NO]

14) Within 14 days of submitting this application, I will visit the Forsyth County Sheriff's Office to furnish a complete set of fingerprints and initiate the criminal history record check: [YES] *or* [NO]

15) Full Name:

_____

16) Date of Birth:

_____

17) Phone Number:

_____

18) E-mail Address: *(required for named licensee only)*

_____

19) Address:

_____

20) Resident of: _____ County, State of : _____

21) Are you a citizen of the United States, an alien lawfully admitted to this country as a permanent resident or 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: [YES] *or* [NO]

22) Have you, or your spouse, been convicted under any federal, state or local law of a felony within five years immediately prior to the filing of this application: [YES] *or* [NO]

    a) If YES to question 22, provide detail of conviction including date and location:

    _____

    _____

23) Are you in compliance with all federal, state and local regulations, including but not limited to payment of County taxes, fees and assessments: [YES] *or* [NO]

24) Have you been denied under the provisions of this Ordinance for the same type of license in the last 12 months: [YES] *or* [NO]

25) Have you or any partner, majority stockholder, principal officer, member, or other principal been associated with any business that has had any pawnshop license issued by any county, municipality or other governmental subdivision suspended or revoked: [YES] *or* [NO]

Section V: Application Certification

Application must be sworn to and signed by the applicant(s) in the presence of a notary public or other office authorized to administer oaths. Any misstatement or concealment of fact in the application shall be grounds for denying a license and shall make the applicant liable to prosecution for perjury under the laws of the State of Georgia.

I solemnly swear that the foregoing statements are true and complete. I understand that any falsehoods are grounds for automatic rejection of this application.

_____
Name (Print)

_____
Signature

Sworn to and subscribed before me this _____day of_____, 20_____.

_____
Notary Public

Forsyth County Business License Division
110 E. Main Street, Suite 130 | Cumming, Georgia 30040
(678) 455-9888 | forsythco.com

Affidavit Verifying Residency Status of an Applicant
as Required by the Georgia Security and Immigration Compliance Act
O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a Forsyth County, Georgia Pawnshop License, 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 Forsyth County Pawnshop License.

_____ I am a United States citizen

_____ I am a legal permanent resident of the United States

_____ 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 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 such as a copy of a photo identification, driver's license, passport, permanent resident card, etc., 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 by guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

_____

Signature of Applicant

_____

Printed Name of Applicant

_____

Applying on Behalf of / Name of Associated Business

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

_____

Notary Public

My Commission Expires _____