



**City of McDonough ~ Occupational Tax Division**  
136 Keys Ferry Street, 2nd Floor, McDonough, GA 30253  
Office: 678-782-6225

Website: [www.mcdonoughga.org](http://www.mcdonoughga.org) Email: [taxclerk@mcdonoughga.org](mailto:taxclerk@mcdonoughga.org)

## **Application for Pawn Shop License**

- ☐ The applicant and each individual with an interest in the business shall be a citizen of the United States
- ☐ The applicant must be a resident of the county for a period of one year preceding the date of filing application.
- ☐ Corporations must either be incorporated in the State of Georgia or must be registered to do business in this state and only the applying officer must meet the residency requirements.
- ☐ New pawn shop applicants are required to post with the City Clerk a surety bond in favor of the City in the amount of \$8,000. The bond shall not be acceptable unless it is with a corporate surety licensed to do business in the state and unless it is conditioned on the applicant's full compliance with all applicable provisions of federal, state, and local laws, rules, and regulations concerning pawnshop activities.
- ☐ A blanket bond otherwise meeting requirements of this section will also be accepted. Notice of acceptance of this bond from the city clerk must be submitted along with the completed application
- ☐ **Cash may be tendered in lieu of a surety bond.**
- ☐ Applications must be submitted by the owner of the business premises, the holder of any lease for the business premises, or the general agent of the owner.
- ☐ Following the submittal of your application, applicants are required to visit Henry County Police Services to submit fingerprints and to authorize a criminal history background check. The Police Services will provide you with a criminal background report.
- ☐ Once you receive the background and fingerprints, return them to the City of McDonough Business Development department, located on the 3<sup>rd</sup> Floor of the City's Administration Building, 136 Keys Ferry Street.
- ☐ In addition to the named applicant, this requirement also applies to the following individuals:
  - General Manager
  - Employees (finger prints only)
  - Owner (any person or partner or stockholder owning at least 25% of the business)
  - Each partner or member of a partnership
  - Majority stockholder and each principal officer of a corporation (in the case of a closely held corporation, stockholders owning at least a 5% share of the business).
- ☐ The fees required with the application are as follows:
  - \$1,500 ~ initial and renewal registration
  - \$20.00 ~ per employee permits
- ☐ Each employee of a pawnshop must have an approved employee permit. Any co-owner, agent or employee or any other person authorized to transact business other than the named licensee shall be required to have an employee permit for each license under which he/she operates.
- ☐ This permit must be displayed along with the business pawnshop license and a valid occupation tax certificate.
- ☐ Applicants must read and understand McDonough's Pawnshop Ordinance and sign and Acknowledgement form and submit with application. The pawnshop ordinance can be found on [www.municode.com/library/ga/mcdonough](http://www.municode.com/library/ga/mcdonough) Title 5, Business License and Regulations, Chapter 5.24 Alcoholic Beverages
- ☐ For any questions, contact Occupational Tax Clerk at 678-782-6225.



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**PAWNSHOP APPLICATION ~ FILING YEAR: \_\_\_\_\_**

**SECTION I. ~ APPLICANT INFORMATION:**

Applicant's FULL Name: \_\_\_\_\_ (if no middle name, please indicate)

Date of Birth \_\_\_\_\_ Place of Birth (city & state): \_\_\_\_\_ Citizenship (country) \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Color: Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Marital Status \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

**SECTION II ~ BUSINESS INFORMATION:**

Pawnshop Name: \_\_\_\_\_ (d/b/a): \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

Mailing Address, if applicable: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Email Address: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

**SECTION III ~ Owners: Proprietors, Partners, Members or Stockholders:**

Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

Name: \_\_\_\_\_ % of Ownership \_\_\_\_\_

***Principal Parties:***

**Officers** ~ President: \_\_\_\_\_ Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Other: \_\_\_\_\_ Other: \_\_\_\_\_



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#### SECTION IV ~ APPLICATION STATEMENT

- ☐ I have read the City of McDonough pawnshop Ordinance
- ☐ I understand that, if a license is granted, I must maintain a copy of the City of McDonough pawnshop ordinance on the licensed premises
- ☐ Within 14 days of submitting this application, I will visit the Henry County Sheriff's Department or Henry County Police Services to furnish a complete set of fingerprints and initiate the criminal history record check.

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: ☐ NO ☐ YES

If yes, provide detail of conviction including date and location: \_\_\_\_\_

Are you in compliance with all federal, state and local regulations, including but not limited to payment of County taxes, fees and assessments: ☐ NO ☐ YES If no explain: \_\_\_\_\_

Have you been denied under the provisions of this Ordinance for the same type of license in the last 12 months: ☐ NO ☐ YES  
If no explain: \_\_\_\_\_

Have you had any pawnshop license issued by any other county, municipality or governmental subdivision suspended or revoked: ☐ NO ☐ YES If no explain: \_\_\_\_\_

#### SECTION V ~ FEES AND FORMS OF PAYMENT

**The fees required with the application are as follows:**

- ☐ \$1,500 ~ Initial Registration Fees \$1,500.00  
(CASH OR CERTIFIED CHECKS ONLY)
- ☐ \$20.00 ~ per employee permits ~ \$20.00 X \_\_\_\_\_ = \_\_\_\_\_
- Total Amount Due: \_\_\_\_\_

I, \_\_\_\_\_, do solemnly swear, that the foregoing statements are true and complete; I understand that any falsehoods are grounds for denial of this application.

Signature of Applicant \_\_\_\_\_ Printed Name of Applicant: \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME ONE THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

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

Stamp/Seal

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



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### **Affidavit Verifying Status for City Public Benefit Application**

By executing this affidavit under oath, as an applicant for a City of McDonough, Georgia, 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 McDonough Occupational Tax Certificate, or other public benefits on behalf of

NAME OF BUSINESS: \_\_\_\_\_

I, (print name) \_\_\_\_\_ do hereby certify that:

\_\_\_\_\_ I am a United States Citizen  
(Initial here)

**OR**

\_\_\_\_\_ I am a legal permanent resident of 18 years of age or older or I am an otherwise qualified  
(Initial here) alien or non-illegal immigrant, under the Federal Immigration and Nationality Act, of 18 years of age or older and lawfully present in the United States.

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

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 Code Section 16-10-20 , and face criminal penalties as allowed by such criminal statute

Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city) \_\_\_\_\_ (state)

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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ONE THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
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**Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, as an applicant for a(n) **OCCUPATIONAL TAX CERTIFICATE OR ALCOHOL LICENSE** (*CIRCLE ONE*) as referenced on O.C.G.A. § 36-60-6(d), from **THE CITY OF MCDONOUGH**, the undersigned applicant representing the private employer known as:

\_\_\_\_\_ [*Print name of business*] verifies one of the following with respect to my application for the above mentioned document:

***Choose one and print initial:***

[a] \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.

[b] \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed less than ten (10) employees

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 and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

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

In making the above representation under oath, I understand that any person who knowingly and willfully make 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 allowed by such statute. Executed on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

Stamp/Seal