



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

Website: www.mcdonoughga.org Email: 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 3rd 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 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: _____



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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 alien or non-legal immigrant, under the Federal Immigration and Nationality Act, of 18 years of age or older and lawfully present in the United States.
(Initial here)

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 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.

[b] _____ On January 1st 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 statue. 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