



**This is not an electronic submission.**  
 Please submit completed forms via email to [chinds@kennesaw-ga.gov](mailto:chinds@kennesaw-ga.gov) or fax to 770-429-4559 or in person.

City of Kennesaw  
 2529 J.O. Stephenson Avenue  
 Kennesaw, GA 30144  
 770-424-8274  
 770-429-4559 FAX

## PAWN SHOP APPLICATION - CHECKLIST

- ( ) All applicants must be a MINIMUM of 25 years of age.
- ( ) No License shall be granted to any applicant who is not a citizen of the United States.
- ( ) Application and Attachments **MUST BE TYPED**. One original and one duplicate of ALL applications and attachments.
- ( ) Consent form for each licensee, owner/stockholder, partners with 20% or more shares **and their spouses**.
- ( ) ZONING – Question 10 of the Pawn Shop application signed indicating the zoning designation by the City of Kennesaw Zoning department located:  
 THE LOWER LEVEL OF CITY HALL , 2529 J. O. STEPHENSON AVENUE, KENNESAW, GA 30144. Prior to taking the application to the zoning department you must fill in your district, land lot and parcel number in question 10.
- ( ) A separate application must be submitted for pawn shops desiring to deal in precious metals and gems.  
 PRECIOUS METAL LICENSES WILL BE DELIVERED BY THE POLICE DEPARTMENTS TO THE PAWN SHOP.
- ( ) PAGE 5 must be completed in its entirety and submitted for TITLE PAWN SHOPS desiring to deal in automobile title pawn. Proof of adequate parking, state licensure or affiliation with a state licensed used car dealer.

### APPLICATION PROCEDURE:

Each application will require 2 to 3 weeks for processing. Upon receipt of the application the business license office will send the application to the City of Kennesaw Police Department for investigation. No action will be taken in regards to the application until the police investigation has been completed. The police investigation usually requires 7 to 10 days. After receipt of the investigation report, the application will be considered by mayor and city council. **A representative will be required to attend a hearing.** The basis for this decision will be solely contingent on the application’s compliance with the City of Kennesaw code of ordinance. If the application is approved, the license fee must be paid within two weeks of approval. If the application is denied, the applicant will have ten days to appeal this decision through the city clerk’s office. All records and reports must be maintained pursuant to the City of Kennesaw code and these records will be examined by the City of Kennesaw Police Department. If there are any questions regarding the Pawn shop application, please contact the business license office at (770) 424-8274.

DATE RECEIVED _____		COPY TO POLICE DEPARTMENT _____	
DATE LETTER RECEIVED FROM PD _____		DISPOSITION APPROVED ( ) DENIED ( )	
DATE OF MEETING _____	LICENSE NUMBER _____	SIC CODE _____	LICENSE FEE \$ _____

**APPLICATION FOR PAWN SHOP**

NEW ( )      CHANGE OF OWNERSHIP ( )      CHANGE OF LICENSEE ( )      DATE \_\_\_\_\_

1. NAME OF BUSINESS: \_\_\_\_\_ PHONE \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

3. MAILING ADDRESS (if different): \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

4. FULL NAME OF LICENSEE: \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_  
PLACE OF BIRTH: STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ CITY \_\_\_\_\_

ARE YOU A U.S. CITIZEN? \_\_\_\_\_ CITY OF KENNESAW RESIDENT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
# OF YEARS LIVED IN GA? \_\_\_\_\_ # OF YEARS AT PRESENT ADDRESS? \_\_\_\_\_

FULL NAME OF SPOUSE \_\_\_\_\_ PHONE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS# \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_

5. WHAT HAS BEEN YOUR OCCUPATION FOR THE PAST TEN YEARS?

**EMPLOYER      FROM-(mm/yyyy) TO- (mm/yyyy)      SALARY      OCC/DESCRIPTION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(\*Add separate sheet if more room is needed.)*

6. TYPE OF OWNERSHIP:    PROPRIETOR ( )    PARTNERSHIP ( )    CORPORATION ( )

7. IF SOLE PROPRIETORSHIP OWNER'S NAME \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DATE OF BIRTH \_\_\_\_\_

8. **IF PARTNERSHIP OR LIMITED LIABILITY PARTNERSHIP**

PARTNERSHIP OR LLP NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF PARTNER/ MEMBER \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PARTNER/ MEMBER \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\*Add separate sheet if more room is needed.

9. **IF CORPORATION OR LIMITED LIABILITY COMPANY**

CORPORATION OR LLC NAME \_\_\_\_\_

**PRESIDENT/MEMBER** \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**VICE PRESIDENT/MEMBER** \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**SECRETARY/MEMBER** \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**TREASURER/MEMBER** \_\_\_\_\_

PERCENTAGE OF OWNERSHIP \_\_\_\_\_% FEDERAL ID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

10. DISTRICT # \_\_\_\_\_ LAND LOT # \_\_\_\_\_ PARCEL # \_\_\_\_\_  
HOW IS PROPOSED LOCATION ZONED? \_\_\_\_\_

ZONING **MUST** BE APPROVED BY ZONING STAFF

\_\_\_\_\_ SIGNATURE OF ZONING STAFF MEMBER

11. HAS THE APPLICANT, OR THE SPOUSE, OR ANY OF THE OWNERS, OR THEIR SPOUSE, OR PARTNERS, OR THEIR SPOUSE, OR STOCKHOLDERS, OR THEIR SPOUSE, OWING ANY INTEREST, BEEN CONVICTED OR ENTERED A PLEA OF NO LO CONTENDER WITHIN TEN (10) YEARS PRIOR TO FILING THIS APPLICATION FOR ANY FELONY OR MISDEMEANOR IN ANY STATE OF THE UNITED STATES? YES ( ) NO ( )

**IF YES, EXPLAIN FULLY:**

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12. GIVE THREE PERSONAL REFERENCES THAT ARE RESIDENTS OF COBB COUNTY (NOT RELATIVES):

<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE</b>
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13. ESTIMATED GROSS RECEIPTS FOR TWELVE MONTHS \_\_\_\_\_.

**TITLE PAWN SHOP SECTION**

- 14. DOES THE PROPERTY HAVE ADEQAUTE PARKING AVAILABLE \_\_\_\_\_
  - Rendering of proposed lot required.
  - If no provide proof of where cars will be stored.
  
- 15. DOES THE BUSINESS OWN A WRECKER, OR WILL IT USE AN INDEPENDENT TOWING SERVICE? IF USING AN INDEPENDENT TOWING SERVICE, PROVIDE NAME, ADDRESS, PHONE NUMBER AND COPY OF BUSINESS LICENSE FOR THE SERVICE PROVIDER.

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16. DOES THE BUSINESS HOLD A USED CAR DEALERS LICENSE \_\_\_\_\_  
 (COPY OF STATE LICENSE REQUIRED AT TIME OF APPLICATION)  
 If no, provide proof of affiliation with a state licensed used motor vehicle dealer as defined in OCGA 43-47-17 (A).  
 NOTE: The proposed location may be required to obtain a special land use permit. Contact the Zoning Department at (770) 590-8268 for more information on special land use permits.

**GEORGIA, CITY OF KENNESAW**

I, \_\_\_\_\_ BEING DULY SWORN ACCORDING TO LAW, DO SWEAR THAT THE FACTS AND STATEMENTS STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE. FALSE OR FRAUDULENT STATEMENTS ARE NOT MADE HEREIN AND NONE WERE MADE IN ORDER TO PRODUCE THE GRANTING OF SUCH A LICENSE. I FURTHER CERTIFY THAT I WILL NOTIFY CITY OF KENNESAW BUSINESS LICENSE DEPARTMENTS OF ANY CHANGE IN MANAGEMENT, LICENSEE, OR OWNERSHIP IMMEDIATELY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE AND TITLE OF PERSON OTHER THAN APPLICANT FILLING OUT THIS APPLICATION.

All questions must be answered and received in the City of Kennesaw license department.

\_\_\_\_\_  
BUSINESS LICENSE CLERK

\_\_\_\_\_  
DATE

Hearing date scheduled for Monday \_\_\_\_\_, 20\_\_\_\_ at 6:30 PM, in the council chambers. A representative must be present for the hearing.



Please check one:  NEW  RENEWAL

### BUSINESS LICENSE CONSENT FORM

I \_\_\_\_\_, HEREBY AUTHORIZE THE CITY OF KENNESAW POLICE DEPARTMENT TO RECEIVE ANY CRIMINAL HISTORY RECORD AND/OR DRIVER'S HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN THE STATE OF GEORGIA FOR THE PURPOSE :

- Alcohol License
- Bail Bond License
- Taxi Cab License
- Massage Therapist License
- Pawn Shop License
- Precious Metal

\_\_\_\_\_  
NAME OF ESTABLISHMENT LOCATION

\_\_\_\_\_  
FULL NAME (PLEASE PRINT)

\_\_\_\_\_  
ADDRESS TELEPHONE NUMBER

\_\_\_\_\_  
SEX RACE DOB SOCIAL SECURITY NO.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NOTARY COMMISSION DATE

**\*ALCOHOL LICENSE APPLICANTS: TO BE COMPLETED BY THE LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES, AND STOCKHOLDERS WITH 20% OR MORE SHARES AND THEIR SPOUSES.**

**Official Use Only:**  
GCIC Operator number: \_\_\_\_\_ Business License Clerk: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reviewed by Police Chief /Deputy Chief or Designee: \_\_\_\_\_





City of Kennesaw  
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www.kennesaw-ga.gov

## AFFIDAVIT TO APPOINT AN AGENT FOR THE CORPORATION

Pawn Shop/ Title Pawn Shop

Name of Corporation: \_\_\_\_\_

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

Location of Business \_\_\_\_\_

Kennesaw, GA \_\_\_\_\_

\_\_\_\_\_, who is a resident of Cobb County, Georgia, shall be the agent for the above mentioned business. As such he/she shall be responsible for any matter relating to the license.

Name of agent: \_\_\_\_\_

Home Address of Agent: \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_ Date: \_\_\_\_\_

Notary for agent: \_\_\_\_\_

Commission expires \_\_\_\_\_

Corporate Officer: \_\_\_\_\_

Name/Title

Signature of Corporate Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Notary for Corporate Officer: \_\_\_\_\_ Commission expires \_\_\_\_\_



**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144

**Contact Information**  
Phone: (770) 424-8274  
Fax: (770) 429-4559  
www.kennesaw-ga.gov

**Affidavit Regarding Citizenship**

Please submit this document along with a copy of your secure and verifiable document such as driver's license or passport to the City of Kennesaw with your application.

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

Business License Number: \_\_\_\_\_ (to be completed by City staff)

**APPLICANT AFFIDAVIT:**

By executing this affidavit under oath, as an applicant for a(n) business license, occupational tax certificate, alcohol license, taxi permit or other public benefit, as referenced in O.C.G.A. § 50-36-1, from the City of Kennesaw, the undersigned applicant verifies one of the following with respect to my application for a public benefit (check one):

1) \_\_\_\_\_ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document (s) such as a driver's license, passport, or document indicated on the Attorney General's website.**

2) \_\_\_\_\_ I am not a United States citizen, but I am either a legal permanent resident of the United States or 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. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

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

The undersigned applicant 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 O.C.G.A. § 50-36-1(e)(1), with this affidavit.

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 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

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

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:



**COMMUNITY DEVELOPMENT  
BUILDING SERVICES DEPARTMENT  
PHONE: (770) 429-4554 FAX: (770) 429-4548  
OCCUPANCY PERMIT APPLICATION**

Received date/by \_\_\_\_\_

**\*\*This permit does not allow changes to structure or construction work being done that would require permits by a licensed Contractor (plumbing, heating, electrical, building, etc) \*\*\***

**Step 1: Complete the Following Information**

APPLICANT/CONTACT NAME: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ SQUARE FOOTAGE: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_  
 DETAILED NATURE OF BUSINESS: \_\_\_\_\_  
 PHONE: OFFICE: \_\_\_\_\_ CELL: \_\_\_\_\_

**Step 2: Bring completed application to Kennesaw Planning and Zoning for verification of use type (770-590-8268).**

This may require up to 5 days for review to ensure your business use meets requirements for the location.

LAND LOT/PARCEL \_\_\_\_\_ ZONING \_\_\_\_\_ INTL APPROVAL BY ZONING DEPT. \_\_\_\_\_

**Step 3: If approved by Zoning, Submit business license information** to the business license clerk at City Hall Main Entrance and verify no other approvals/information is needed by them prior to CO being issued. (Example: alcohol sales)

**Step 4: Other Agencies**

- \_\_\_ **Call the Cobb County Fire Marshal's Office (770-528-8310) and Cobb Water (770-419-6327)** –They will direct you on their procedures based on the previous occupancy of the space.
- \_\_\_ **Check with the Department of Public/Environmental Services** for any food service, salon, or medical facility to obtain their procedures (770-435-7815).

**Per Fire Marshal's Direction – check one:**

- NAME/OWNER CHANGE** (where type of business remains the same and no construction is occurring) – *Complete CCFM Information Change Form found on their website at: <http://www.cobbfire.org/> Cobb County Commercial Permit Application Form (Page 2 of this form goes to Cobb Water) and Information Change Form. Once approved by both agencies, verification will be sent by them to the City of Kennesaw.*
- NEW BUSINESS TYPE** – Make an appointment to take copies of floor plan (drawing of space you are occupying) to them for approval. They will give you direction on what needs to be on the plan and if there are any fees due for their review. Go to their website, <http://www.cobbfire.org/>, to obtain the Cobb County Commercial Permit Application.

**Step 5: Submit completed application to Kennesaw Building Services**

Bring application to building services and the approved floor plan and health department approval (if applicable) to the building services department. A **\$50.00 PERMIT FEE** will be collected and a permit number assigned.

**Step 6: Schedule on site inspections of your space.** Building Services can schedule for the next appropriate business day after permit is issued. Applicant will be responsible for scheduling all other inspections required and supply the agencies with their permit number as necessary.

**Step 7: Certificate of Occupancy issued to Business License**

After approval for all inspections have been received by Building Services (CCFM will send to us via email), **WITHIN 5 BUSINESS DAYS FROM LAST APPROVED INSPECTION**, the CO will be prepared and given to Kennesaw Business License Department for processing of License. After 5 business days, you can contact the business license department at 770-424-8274 to find out when license will be available and what the license fees are.



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## APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE

This application must be filled out completely to obtain a business license. Please print legibly with ink or type.

**Note: Any information and/or documents provided in this application that are exempt from disclosure to third parties under O.C.G.A. 50-18-72 will be held confidential.**

### BUSINESS INFORMATION

This business is: ( ) NEW ( ) CHANGE OF OWNERSHIP ( ) CHANGE OF NAME OR ADDRESS

The business is zoned: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Business Name (Doing Business As): \_\_\_\_\_

Address: \_\_\_\_\_

Street Address \_\_\_\_\_ APT/STE \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_

State Identification number \_\_\_\_\_ (Required) Federal Identification number \_\_\_\_\_

Describe in detail the nature of the business: \_\_\_\_\_

Estimated Gross Receipts for the remainder of this calendar year \$ \_\_\_\_\_

Number of Employees at this location \_\_\_\_\_ (Sole owner/operators)

Number of Independent Contractors at this location \_\_\_\_\_

Have you had any other businesses before? Yes \_\_\_ No \_\_\_ If so, please explain what kind and where?

### OWNER INFORMATION

Type of Ownership: ( ) Sole Proprietorship ( ) Corporations/LLC \* ( ) Partnership/LLP

**\*\*Corporations must be active in compliance and provide a copy of the Corporate Certificate. \*\***

#### **OWNER INFORMATION MUST REFLECT THE TYPE OF OWNERSHIP:**

Corporate/Partnership Name: \_\_\_\_\_

Sole Proprietor Name: \_\_\_\_\_

Effective Date \_\_\_\_\_ D/O/B \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt/Ste \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

SSN: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Cell number: ( ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*If the business is corporate owned or a partnership, complete Corporate Officers/Partners section on next page.

**CORPORATE OFFICERS/PARTNERS**

**President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

**Vice President/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

**Treasurer/Partner Full Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

% of Ownership \_\_\_\_\_

**Address:** \_\_\_\_\_

Street Address Apt/Ste City/State Zip  
Phone: ( ) \_\_\_\_\_ SSN/EIN: \_\_\_\_\_

Person completing application, if other than owner:

**Applicant Name:** \_\_\_\_\_ ( ) Owner ( ) Member/Partner ( ) Other \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

***DISCLAIMER AND SIGNATURE***

I certify that the facts stated by me are true and correct. I understand any misrepresentation or fraudulent information is grounds for automatic dismissal of this application and or revocation of the license. I understand that all signs displayed on my premise must be approved and permitted by the City of Kennesaw, Planning and Zoning Department. I also understand that my business must be operated in compliance with all applicable state, federal and local law, ordinances, and regulations; and that the granting of this license or payment of this occupation tax does not waive any rights of any state, federal, or local entity to regulate, and enforce such laws, ordinances, and regulations. In addition I understand my business location must conform to all zoning rules and regulations.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name & Title:** \_\_\_\_\_

Office Use Only					
Acct: _____	SIC: _____	State Issued ID _____	# _____	exp. _____	
Tax/Fee \$ _____	Penalty _____	Interest _____	Total Dues \$ _____		
Property Tax \$ _____		Utility Billing \$ _____		Date _____	
Method of Payment: Cash	Check	M/C	Visa	Money Order	ck/receipt# _____

**FILL THIS FORM OUT IF YOU HAVE TEN (10) OR FEWER EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_

**Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs ten (10) or fewer employees and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Printed Name of Exempt Private Employer (company name)

\_\_\_\_\_  
Signature of Exempt Private Employer or Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

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

My Commission Expires:

\_\_\_\_\_  
\* This affidavit is for submissions made on or after July 1, 2013

**FILL THIS FORM OUT IF YOU HAVE ELEVEN (11) OR MORE EMPLOYEES**

**City of Kennesaw**  
2529 J.O. Stephenson Ave.  
Kennesaw, GA 30144  
(770) 424-8274  
FAX (770) 429-4559

**Business Name** \_\_\_\_\_ **License #/Occupation Tax #** \_\_\_\_\_  
**Number of Employees (Company-wide):** \_\_\_\_\_

**Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (Also known as E-Verify number)  
(An E-Verify number is four to six characters – it is not your Federal ID Number. If you do not have an E-Verify number, visit [www.uscis.gov](http://www.uscis.gov) and click on E-Verify.)

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

\_\_\_\_\_  
Printed Name of Private Employer (company name)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
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 \_\_\_\_\_, 201\_\_.

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

My Commission Expires:

\_\_\_\_\_

PART II - CODE OF ORDINANCES

Chapter 22 - BUSINESSES

ARTICLE XI. PAWNBROKERS

**ARTICLE XI. PAWNBROKERS** <sup>[10]</sup>

[Sec. 22-276. Issuance of license.](#)

[Sec. 22-277. Entry and examination by police.](#)

[Sec. 22-278. Persons from whom articles may not be received.](#)

[Sec. 22-279. Record of pawned articles.](#)

[Sec. 22-280. Evidence of loan.](#)

[Sec. 22-281. Compliance with lending laws.](#)

[Sec. 22-282. Suspension and revocation of license.](#)

[Sec. 22-283. Additional restrictions authorized.](#)

[Secs. 22-284—22-300. Reserved.](#)

**Sec. 22-276. Issuance of license.**

Licenses may be issued by the mayor and council to applicants desiring to operate as pawnbrokers, subject to the following terms and conditions:

- (1) No license shall be issued to any applicant who has been convicted of a felony or a crime involving moral turpitude as defined by the laws of the state unless a full and complete pardon has been granted.
- (2) No license shall be issued to any applicant under the terms of this article if any false information is furnished upon the application by the applicant to the appropriate authorities of the city.
- (3) No license shall be issued under the terms of this article if the applicant has ever been convicted of usury under the laws of this state or of any other state.
- (4) No license shall be issued until the applicant has been investigated by the police department of the city, and a favorable report received from the police department as to his general reputation in the business community.
- (5) No license shall be issued to any applicant who is not a resident of this county.
- (6) No license shall be issued to any applicant who does not provide proof of financial responsibility.
- (7) No license shall be issued unless the names and addresses of all persons holding any interest in the business are listed and those persons have signed the application.
- (8) No license shall be issued to any applicant who is engaged in any finance or lending business unless this requirement is expressly waived by the mayor and council.

(Code 1986, § 9-2-1)

**Sec. 22-277. Entry and examination by police.**

Upon making application for and receiving a license from the city to operate as a pawnbroker, the holder of the license expressly authorizes the police department of the city to enter upon his premises

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and to inspect and examine any articles in the business for the purpose of determining whether or not they have been stolen or otherwise illegally obtained by the applicant or the pawnor, and the applicant expressly agrees that no search warrant shall be necessary, but consents to such examination and inspection at any time upon request by any police officer of the city.

(Code 1986, § 9-2-2)

**Sec. 22-278. Persons from whom articles may not be received.**

No holder of a pawnbroker's license shall accept any article of pawn from:

- (1) Any person under the age of 21 years;
- (2) Any person who is intoxicated; or
- (3) Any person who is not a resident of the state.

(Code 1986, § 9-2-3)

**Sec. 22-279. Record of pawned articles.**

The pawnbroker shall keep available for inspection by the appropriate authorities of the city, including but not limited to the police department, an itemized list of all articles pawned, together with a full and complete description thereof, the amount loaned on each article, the due date of the loan, the name and address of the pawnor, the age of the pawnor, and the place of employment of the pawnor.

(Code 1986, § 9-2-4)

**Sec. 22-280. Evidence of loan.**

The pawnbroker shall make a loan only by written, negotiable instrument or by receiving a receipt for the amount of the loan by the pawnor.

(Code 1986, § 9-2-5)

**Sec. 22-281. Compliance with lending laws.**

The pawnbroker shall comply with all the laws of the state as to the rate of interest and all provisions of the Uniform Commercial Code of the state applicable to lending.

(Code 1986, § 9-2-6)

**Sec. 22-282. Suspension and revocation of license.**

A violation of any of the provisions of this article shall be good cause for suspension and/or revocation of the license. If the city clerk or any police officer should determine that a probable violation has occurred, he shall place the issue before the mayor and council at its next regularly scheduled meeting or at a special meeting called for the purpose of determining whether a violation has occurred. At least ten days' notice of the hearing before the mayor and council shall be provided the licensee. At the conclusion of the hearing the mayor and council may issue a warning, suspend the license for a definite period of time, revoke the license or take no action if the council finds no violation by the licensee. In the event of a revocation or suspension, no portion of the annual license fee shall be returned to the licensee.

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(Code 1986, § 9-2-7)

**Sec. 22-283. Additional restrictions authorized.**

The mayor and council shall have the power to impose additional restrictions on the pawnbroker, and the pawnbroker shall be required to comply therewith upon 30 days' notice.

(Code 1986, § 9-2-8)

**Secs. 22-284—22-300. Reserved.**

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FOOTNOTE(S):

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**State Law reference**— Pawnbrokers, O.C.G.A. § 44-12-130 et seq. ([Back](#))