



20 \_\_\_\_\_  NEW  Renewal

**APPLICATION FOR PROFESSIONAL BONDING COMPANIES**

**Note:** ALL LICENSES REQUIRE AN ANNUAL RENEWAL.

FAILURE TO RENEW MAY RESULT IN FINES, SUSPENSION OR LOST OF LICENSE.

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME (DBA): \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_  
STREET ADDRESS SUITE/UNIT ZIP

**Type of Ownership:**  Sole Proprietor  Partnership  Association  Non-Profit  Corporation or LLC

**APPLICANT INFORMATION**

APPLICANT IS:  Business Owner % Ownership: \_\_\_\_\_  Manager  Employee

Full Name \_\_\_\_\_ Alias \_\_\_\_\_

Home Address \_\_\_\_\_  
CITY/ST/ZIP

Previous Last Name \_\_\_\_\_ Are you a U.S. Citizen?  Yes  No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Race \_\_\_\_\_ Sex:  Male  Female Wgt. \_\_\_\_\_ Hgt.: \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Lic. State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

List all cities and states where you have lived or worked for the past ten years \_\_\_\_\_

List all Dekalb businesses where you have previously received a work permit \_\_\_\_\_

Have you had a permit denied in Dekalb County? If yes, list business name, date, and appeal date \_\_\_\_\_

STAFF USE ONLY			
Fee: \$1,000.00	Received by:	Amt. Rec.'d:	Date:
Police Department Approval:			Date:

ARRESTS and CITATIONS (Except minor traffic offenses). List DUI's and arrests which were given "First Offender" status or in which a "Nolo" plea was entered.

Date of Arrest                      Arresting Agency                      Type of Arrest                      Final Disposition

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Attach a sheet of paper to this page with a list of arrests if additional space is required. As part of the process resulting from my application for a background investigation, for permit, I hereby authorize personnel of the Doraville Police Department to receive, verify, and disseminate any criminal history information which may be in the files of any local, state, or federal criminal justice agency for investigative purposes, denials, or appeals. I authorize the **Doraville Police Department** to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

**O.C.G.A. § 16-10-20: A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or fraudulent statement or representation; or makes or uses any false writing or documents, knowing the same to contain any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government of any county, city or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1000.00 or by imprisonment for not less than one nor more than five years or both.**

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

\_\_\_\_\_  
Notary

Date \_\_\_\_\_

Date: \_\_\_\_\_

(Seal)

**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Doraville, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C. G. A. Section 50-36-1, I am stating that following with respect to my application for (check one)  Occupation Tax Certificate,  Alcohol License,  Taxi Permit or  other public benefit for: \_\_\_\_\_ [Name of natural person applying on behalf of individual, business, corporation, partnership or other private entity]

I am a United States citizen.

**OR**

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

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 of the Official Code of Georgia.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

\* \_\_\_\_\_

Alien Registration Number for Non-Citizens

SUSCRIBED AND SWORN BEFORE ME

ON THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

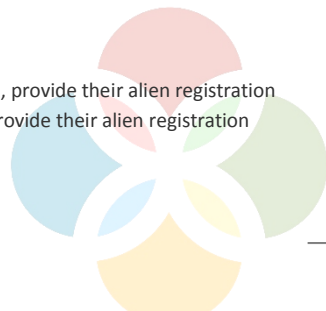
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NOTARY PUBLIC

My commission expires: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\*Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

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**OWNERS, OFFICERS, PARTNERS OR STOCKHOLDERS****Sec. 6-501B3. - Application for license.**

Name and residence address of all interested persons, to include owners, partners, stockholders, limited liability company members, officers and directors together with financial and background information on these individuals.

<b>(1)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		FINANCIAL INFORMATION
<b>(2)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		FINANCIAL INFORMATION
<b>(3)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		FINANCIAL INFORMATION

**EMPLOYEE INFORMATION**

<b>(1)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		DATE OF BIRTH
<b>(2)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		DATE OF BIRTH
<b>(3)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		DATE OF BIRTH
<b>(4)</b> NAME	TITLE/OCCUPATION	PHONE #
HOME ADDRESS, CITY, ST & ZIP		DATE OF BIRTH

## ***Professional Bonding Company License Checklist:***

### *Required Documents*

#### **For New Businesses**

- Professional Bonding Company Application
- Occupational Tax Certificate Application
- Lease agreement
- Articles of Incorporation
- State/County license *(if applicable)*
- Owners, Officers, Partners and Shareholder Information
- Driver's License
- Employee Work Permit Application *(if applicable)*
- \$50,000.00 Surety Bond
- \$25,000.00 Certificate of Deposit
- Annual Regulatory Fee
  - \$1,000.00

#### **Business Renewals**

- Professional Bonding Company Complete Application

Copies of the follow documents:

- Current Occupational Tax Certificate
- Current Regulatory License
- State/County license *(if applicable)*
- Driver's License
- Employee Work Permit Application *(if applicable)*
- \$50,000.00 Surety Bond
- \$25,000.00 Certificate of Deposit
- Annual Regulatory Fee
  - \$1,000.00

Failure to renew your license annually may result in fines, suspension or loss of license. Incomplete applications will not be processed.

***\*Please note: Change of ownership and applications submitted after June 30<sup>th</sup> are considered new business applications.***