

OFFICE USE ONLY	
RECEIPT #	CARD#



**SANDY SPRINGS**  
GEORGIA

**POLICE DEPARTMENT**

7840 Roswell Rd., Bldg 300, Suite 301 \* Sandy Springs, GA 30350 \* Phone 770.551.6900 \*

***SECONDHAND DEALER PERMIT***

*PLEASE PRINT CLEARLY*

JOB TITLE APPLYING FOR:

**NAME:**

(Last)		(First)		(Middle)	
(Aliases/Stage Name)		(Race)	(Sex)	(Height)	(Weight)
(Hair Color)	(Eye Color)	(Driver's License/ID#)			(State)
(Phone #)		(Cell/Mobile#)			

**ADDRESS:**

(Street)		(Apt#)
(City)	(State)	(Zip)

**PERSONAL INFORMATION:**

(Date of Birth)	(SS#)	(Place of Birth – City/State)
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**EMPLOYMENT INFORMATION:**

(Name of Business Where You Will Be Employed):		
(Supervisor)	(Address)	(Phone)
(Emergency Contact)	(Phone#)	

**I do hereby swear/affirm that the information I have provided is true and correct. I understand that falsification of any information provided to the Sandy Springs Police Department will result in the immediate declination or revocation of any permit issued. Furthermore, criminal and/or civil penalties may be pursued as a result of purposely providing any false information.**

"I understand that all payment of fees associated with this permit application are non-refundable and in no way guarantee the issuance of any permit".

_____ Signature	_____ Printed Name	_____ Date
_____ Signature of Clerk	_____ Printed Name	_____ Date



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www.sandyspringsga.gov

## Consent Form for GCIC Records Check

*I authorize the SANDY SPRINGS 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.*

DATE \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

**If no, you will need to have your Green Card available.**

Country of Birth: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ SS# \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

<b>Office use only:</b>			
<b>COMMUNICATIONS OFFICER:</b>		<b>DATE COMPLETED:</b>	
<b>RECORD ATTACHED:</b>		<b>NO RECORD:</b>	

## Affidavit Verifying Lawful Presence within the United States

I, (print name\*) \_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

- I am a United States citizen.
- or
- I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

*Alien Registration Number:* \_\_\_\_\_

I am applying for the following public benefit (check one):

- Alcoholic Beverage License for \_\_\_\_\_  
Print Business Name
- Occupational Tax Certificate (*i.e. Business License*) for \_\_\_\_\_  
Print Business Name
- Massage/Spa Permit for \_\_\_\_\_  
Print Business Name
- Boot Permit/Vehicle Immobilization Service for \_\_\_\_\_  
Print Business Name
- Door-to-Door Salesman/Solicitors Permit for \_\_\_\_\_  
Print Business Name
- Other: \_\_\_\_\_  
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that if I knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit I shall be guilty of Code Section 16-10-20 of the Official Code of Georgia. A complete listing of secure and verifiable documents is available through the Office of the Attorney General (GA) website: <http://law.ga.gov/immigration-reports>.

**\*Documents must include a U.S. driver's license, U.S. passport, U.S. passport card or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

**\*Documents must include a Permanent Resident card (from I-551), Arrival/Departure Record (form I-94), Employment Authorization Document (form I-766) or one of the other documents listed on the Attorney General's list of Secure and Verifiable Documents.**

\_\_\_\_\_  
Applicant Signature\*

\_\_\_\_\_  
Date

Subscribed and sworn to before me:

\_\_\_\_\_  
(Clerk/Notary Public)

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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