

City of Kennesaw
 2529 J.O. Stephenson Avenue
 Kennesaw, GA 30144
 (770) 424-8274
 www.kennesaw-ga.gov



Business License Office
 3080 Moon Station Road
 Kennesaw, GA 30144
 (770) 429-4540
 businesslicense@kennesaw-ga.gov

PRECIOUS METAL LICENSE APPLICATION

Applicant Information													
Applicant Name:		Phone:											
Applicant Home Address:		Suite											
City/State	Zip	Email:											
Social Security #:		Driver's License #:											
Business Information													
Business Name:													
Business Address:													
Suite	City/State	Zip											
Phone:		Current Zoning of Property:											
Type of Business: ☐ Corporation* ☐ LLC ☐ Sole Proprietorship ☐ Partnership ☐ LLP													
*If Corporation, a copy of Corporation Certificate and Articles of Corporation must be provided.													
If partnership, list the names and addresses of each partner: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 50%; text-align: center; padding: 5px;">Name</th> <th style="width: 50%; text-align: center; padding: 5px;">Address</th> </tr> </thead> <tbody> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </tbody> </table>				Name	Address								
Name	Address												

Business Information Continued

Have you or any employee or stockholder owning 10% or more shares been convicted of a felony under the laws of the State of Georgia or any other state in the past 10 years?

☐

Yes

☐

No

If yes, explain: _____

I, _____, being duly sworn according to the law, do swear that the facts stated by me in the above and foregoing answers to questions are true and no false or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

Signature of Applicant

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____
OF 20____.

NOTARY PUBLIC

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Permit No. _____
Renewal: ☐ Yes ☐ No

CONSENT FOR BACKGROUND CHECK

I hereby authorize the City of Kennesaw to conduct an inquiry for the purpose listed below using GCIC Purpose Code E and receive any Georgia and/or National criminal history record information as authorized by the State and Federal Law. *City of Kennesaw Ordinance 22-9*

Full Name:		Social Security Number:	
Address: Street Address		Apt/Suite	
City, State		Zip	
Sex:	Race:	Date of Birth:	

This authorization is valid for 364 days from today's date.

 Applicant Signature

 Date

Have you ever been arrested, charged and/or convicted of a crime in this country or any other country for any offense in the last five (5) years? ☐ Yes ☐ No

If yes, please fill out the chart below:

List all arrests within the last five (5) years regardless of the disposition of the case:			
<u>Date of Arrest</u>	<u>Offense/Charge</u>	<u>Arresting Agency</u>	<u>Disposition</u>

Are you currently on probation or parole for a drug or alcohol offense? ☐ Yes ☐ No

I have received, read, and understand the City of Kennesaw Ordinance pertaining to Dealers of Precious Metals and Gems? ☐ Yes ☐ No

(If the answer is no, you will have to read and understand this ordinance before the application will be approved.)

I hereby certify that all information given by me on this application is complete and true to the best of my knowledge. I further understand that any falsification or intentional omission of requested information will result in denial of my application.

Signature of Applicant

Date

.....

OFFICIAL USE ONLY

Purpose Used For(check one):

☐ A: Alcohol License

☐ M: Massage Therapy

☐ B: Bail Bonds

☐ P: Pawn or Precious Metal

☐ E: Adult Entertainment

☐ S: Solicitation Permit

The inquiry resulted in the following (check all that apply):

☐ No Criminal Record Available

☐ Criminal Record (Attached/Released)

☐ No NCIC/GCIC Warrant

☐ Possible NCIC/GCIC Warrant (Fill out information below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Chief of Police: _____
(Or Designee)

Date: _____

Business License Clerk: _____
(Or Designee)

Date: _____

☐ Recommended

☐ Not Recommended

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CHECKLIST FOR ALCOHOLIC BEVERAGE LICENSE

The following items are required in order to submit an application for a Alcoholic Beverage License. If anything is missing, your application will **not** be processed.

- ☐ The application must be completed in its entirety before being accepted by the Business License Office. Provide one original and one duplicate of the completed application and all the attachments.
- ☐ The application and all attachments must be typed or legibly printed **in black ink**. The Business License Office reserves the right to refuse to accept any application and/or attachments that are considered illegible by the Business License Office.
- ☐ A personal statement must be submitted for the licensee, each owner, each partner, and each stockholder with 20% or more ownership. The Business License Department reserves the right to request personal information on all stockholders, partners, and owners.
- ☐ An application for a new alcoholic beverage license will not be accepted unless the licensee provides a certificate of attendance by the licensee to an approved alcohol sales and service workshop for all owners and managers per alcoholic beverage Ordinance Section 6-69.
- ☐ Applicants for a license to sell alcoholic beverages on premises must attach a financial report to support the reported amounts on the Food Sales and Alcoholic Beverage Sales Affidavit or a CPA must attest to the reported sales on the Food Sales and Alcoholic Beverages Sales Affidavit. The Food Sales and Alcoholic Beverages Sales Affidavit must be signed by the licensee and the CPA (if completed by the CPA). This form must also be notarized.
- ☐ The sale of alcoholic beverages on Sunday is only authorized for those licensees that possess a Sunday Sales permit. The sale of alcoholic beverages on premises must derive at least 50% of their total annual gross food and beverage sales from the sale of prepared meals to qualify for a Sunday Sales permit.



Appeal Process

The applicant is provided an opportunity to appeal an adverse decision that was based on criminal history record information provided from the fingerprint-based background check. The procedures for the appeal process are as follows:

- Applicant must submit a request in writing to the Business License Manager stating the reason the adverse decision should be reviewed. The request should include the applicant's name, date of notification of adverse decision, and an explanation of why the decision should be overturned.
- The Business License Manager will provide the written request to the Finance Director. The Finance Director will review the appeal and the applicant will be notified within ten (10) days of the decision regarding the license application.

Applicant Privacy Rights

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a non-criminal justice purpose (such as an application for criminal justice or non-criminal justice employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).

- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions>. Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions>. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR16.30 through 16.34).
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the (blue) FD-258 fingerprint card. Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include: Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principle Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application, and for as long thereafter, as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge:

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature of Applicant

Date

Printed Name