

APPLICATION FOR FIREARMS DEALER'S LICENSE  
CITY OF GARDEN CITY, GEORGIA

Date Filed \_\_\_\_\_

For the year \_\_\_\_\_

Expires at the end of the above year

**Application must be filed annually and received by the City with the appropriate fee by Dec.15<sup>th</sup> each year in order to be renewed.**

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All new applications shall be accompanied by the License Fee in the amount of \$\_\_\_\_\_ by cash, check or money order made payable to the City of Garden City. A separate cashier's check or money order made payable to GCIC in the amount of \$24.00 must also be submitted for the fingerprint check of each applicant and each person signing this application.

Applications for renewal shall be accompanied by the License Fee in the amount of \$\_\_\_\_\_.

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Applicant's name: \_\_\_\_\_

Trade name of business for which license is being sought:  
\_\_\_\_\_

Physical location of business: \_\_\_\_\_

Mailing address of business: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business fax: \_\_\_\_\_

**Business Ownership:** List name of each individual owner, partner, or if a corporation or other organization, list name of each officer and each member of the governing board:

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

**Name(s) and social security number of each person(s) employed or intended to be employed by this business to deal in firearms as of the time the application is filed:**

| <u>Name</u> | <u>Social Security Number</u> |
|-------------|-------------------------------|
| _____       | _____                         |
| _____       | _____                         |
| _____       | _____                         |
| _____       | _____                         |
| _____       | _____                         |

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This sheet may be duplicated as needed and attached to this application.

Name of business: \_\_\_\_\_

**Business ownership: To be completed for each individual owner, partner, or, if a corporation or other organization, each officer and member of the governing board:**

1. Owner/partner/officer/board member Name: \_\_\_\_\_  
(Circle applicable title)

2. Position or title in the business: \_\_\_\_\_ 3. Age: \_\_\_\_\_ 4. Citizenship: \_\_\_\_\_

5. Residence Address: \_\_\_\_\_

6. Social security number: \_\_\_\_\_.

7. Home Phone: \_\_\_\_\_ 8. Ever held similar license? \_\_\_\_\_ (Yes or No) If yes, attach a separate sheet giving trade names and exact locations and descriptions of any businesses operated by the applicant and each person signing the application, presently and during the past five years.