

DOUGLASVILLE POLICE DEPARTMENT



PO BOX 219, DOUGLASVILLE, GA 30133
6730 CHURCH STREET, DOUGLASVILLE, GA 30133
(770) 920-3010 PHN
(770) 920-3026 FAX



Re: Second Hand Ordinance

I hereby authorize the Douglasville Police Department to receive any Criminal History information pertaining to me, which may be in the files of any Federal, State or Local Criminal Justice Agency.

PRINT CLEARLY

Last name		First Name		Middle	
Date of birth		SSN			
Place of birth		sex	race	eye color	
Hair color		height	weight		
Country of citizenship		drivers license number		drivers license state	
Address					
city		state		zip	
home phone		cell phone		work phone	

"By signing this application I affirm that I do not have any ownership or interest in any other secondhand dealership/Pawn shop, whether it is located locally or out-of-state. I will disclose the nature of such ownership or interest in the provided disclosure area below for consideration"

Signature _____ Place of Employment _____

receipt number _____ permit number _____