

The City of Garden City, Georgia 100 Central Avenue, Garden City, Georgia 31405 Phone: 912.966.7777 Fax: 912.966.2735

## APPLICATION FOR FIREARMS DEALER'S LICENSE

Date Filed				
For the year	Expires at the end of the above	e year		
Application r to be renewe		ceived by the Ci	ty with the appropriate fee by	Dec.15 <sup>th</sup> each year in order
the City of Gard		ck or money order	amount of \$ by cash, check made payable to GCIC in the amount on signing this application.	
Applications for	r renewal shall be accompanied b	y the License Fee in	the amount of \$	
Applicant's nan	ne:			
Trade name of l	business for which license is being	sought:		
Physical location	n of business:			
Mailing address	of business:			
Business phone:	:	J	Business fax: or if a corporation or other organiza	
	rship: List name of each individua eer of the governing board:	l owner, partner, c	or if a corporation or other organiza	tion, list name of each officer
	ocial security number of each pers plication is filed:	on(s) employed or	intended to be employed by this bu	siness to deal in firearms as of
Name			Social Security Number	
		_		
		_		
		_		
		_		



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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:

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 □ 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.)