
13. SPOUSE'S DATE OF BIRTH: _____

14. NUMBER OF CHILDREN _____

15. NAMES AND AGES OF CHILDREN _____

16. CHILDREN'S ADDRESS (IF DIFFERENT) _____

17. PRESENT EMPLOYMENT: _____

18. EMPLOYMENT FOR PAST 10 YEARS: _____

19. SPOUSE'S EMPLOYMENT: _____

20. MILITARY STATUS: _____

BRANCH OF SERVICE: _____

DATE ENTERED: _____

DATE RELEASED: _____

TYPE DISCHARGE: _____

DISCHARGE RECORDED: _____

MILITARY CHARGES: _____

21. POLICE RECORD: LIST DATE, PLACES, CHARGES, DISPOSITION OR ANY ARREST INCLUDING TRAFFIC CHARGES:

DATE CHARGE LOCATION DISPOSITION

- A. _____
- B. _____
- C. _____
- D. _____

23. PRIOR BONDING EXPERIENCE:

1. HAVE YOU EVER OWNED A PROFESSIONAL BONDING COMPANY?

YES _____ NO _____

A. Where? _____

B. What Type Collateral? _____

C. Is your obligation to that jurisdiction completed? Yes _____ No _____

D. How long have you been in the professional bonding business? _____

E. Has any Sheriff or Chief of Police refused to approve you as a professional bonding business? If yes, why? _____

2. HAVE YOU EVER WORKED FOR A PROFESSIONAL BONDING COMPANY? Yes _____ No _____

A. Name all the professional bonding companies you have worked for and in what capacity? _____

-
24. GIVE THREE PERSONAL REFERENCES WHOM YOU HAVE KNOWN FOR FIVE YEARS OR MORE; WHO ARE NOT RELATIVES, FORMER EMPLOYERS, FELLOW EMPLOYEES, OR PERSONS WHO TAUGHT YOU IN SCHOOL. LIST NAMES, ADDRESSES AND TELEPHONE NUMBERS.

GEORGIA, COBB COUNTY

I, _____ being duly sworn according to law do swear that the facts and information supplied by me as answers to the above questions are true, and no false or fraudulent statement is made herein and such answers were made in order to procure the privilege of operating as a professional bondsman in the City of Marietta. I also understand that giving false information on this application can and will disqualify me as an applicant for professional bondsman.

Signature of Applicant

Sworn to and subscribed before me
this ___ day of ___, 19____.

Notary Public

Signature and Title
of Person other than
applicant filling out
this application.

Telephone No.

ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS REQUIRED FOR ANY ANSWER, USE A SEPARATE SHEET OF PAPER AND NUMBER THE RESPONSE TO CORRESPOND TO THE QUESTION.

Fingerprinted by Marietta Police ID Bureau _____

Received in Chief of Police Office _____

CITY OF MARIETTA, GEORGIA

KNOW ALL MEN BY THESE PRESENTS:

That _____, a corporation duly organized and existing under laws of the State of Georgia does hereby constitute and appoint _____ its true and lawful attorney-in-fact, with full power and authority to sign the company's name and affix its corporate seal to, and deliver on its behalf as surety, any and all obligations as herein provided, and the execution of such obligations in pursuance of these presents shall be as binding upon the company as fully and to all intents and purposes as if done by the regularly elected officers of the said company at its home office in their own proper person; and the said company hereby ratifies and confirms all and whatsoever its said attorney-in-fact may lawfully do perform in the premises by virtue of these presents.

This power of attorney is void if altered or erased and may only be executed for recognizance bail bonds and peace bonds.

_____ (seal)

Sworn to and subscribed before me this _____ day of _____, 19_____.



MARIETTA POLICE DEPARTMENT

240 Lemon Street, Marietta, Georgia 30060 Telephone 770-794-5300 Fax 770-794-5301

Marty Ferrell, Chief of Police

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the **Marietta Police Department** to conduct an inquiry for the purpose listed below and receive any Georgia criminal history record information as authorized by state law and/or for codes J, Z and C, any national criminal history record information as authorized by federal law.

Full Name (print)			
Address			
Sex	Race - (A-Asian, B-Black, I-Native American, W-White)	Date of Birth	Social Security Number

List any convictions and/or plea of nolo contendere that has been entered on your record for any felony or misdemeanor charge in any Superior, State, and/or Municipal Court of any state of the United States:

Signature _____

Date _____

DO NOT WRITE BELOW...POLICE USE ONLY

Date of Request: _____ Time of Request: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E – Permit Application
<input type="checkbox"/>	E- Business License Application
<input type="checkbox"/>	E- Other

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

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name/Phone: _____ / _____

Agency Designee Signature and Title _____

Date _____

UNDER GEORGIA CRIMINAL CODE SECTION 16-10-20, ANY PERSON WHO KNOWINGLY AND WILLFULLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICK, SCHEME OR DEVICE, MAKES A FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR REPRESENTATION, SHALL UPON CONVICTION, BE PUNISHED BY A FINE OF NOT MORE THAN \$1,000.00 OR BY IMPRISONMENT FOR NOT LESS THAN ONE YEAR NOR MORE THAN FIVE YEARS, OR BOTH.

I HAVE READ AND UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH SUBMITTED IN THE APPLICATION IS A FELONY AND WILL RENDER ME INELIGIBLE FOR A CITY OF MARIETTA WORK PERMIT. I ALSO UNDERSTAND THAT ANY FALSEHOOD OR HALF-TRUTH DISCOVERED BY INVESTIGATORS DURING THE TERM OF THIS PERMIT WILL BE GROUNDS FOR ITS REVOCATION AND MY SUBSEQUENT PROSECUTION.

I SWEAR THAT THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO BE THE TRUTH AND THAT IT CONTAINS NO FALSIFICATIONS OR MISREPRESENTATIONS OF THE FACTS. I UNDERSTAND THAT THIS INFORMATION MAY BE USED AGAINST ME DURING THE COURSE OF THIS INVESTIGATION.

THIS APPLICATION DOES NOT CONSTITUTE A TEMPORARY PERMIT. YOU MAY NOT BEGIN WORK UNTIL THE INVESTIGATION IS COMPLETE.

APPLICANTS SIGNATURE

DATE