

# Fulton County Sheriff's Office

## PROFESSIONAL BONDING COMPANY APPLICATION

NAME OF APPLICANT: \_\_\_\_\_

LEGAL NAME OF BUSINESS: \_\_\_\_\_

OPERATING/TRADE NAME OF BUSINESS: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_

ORIGINAL [ \_\_\_\_ ] RENEWAL [ \_\_\_\_ ]



FOR OFFICE USE ONLY	FILE NO.
DATE RECEIVED: _____	DATE APPROVED: _____
CERTIFICATE ISSUED BY: _____	DATE: _____
CERTIFICATE NUMBER: _____	DENIED: _____

PROUDLY SERVING THE CITIZENS OF FULTON COUNTY

**PROFESSIONAL BAIL BONDING COMPANY  
INVESTIGATOR'S CHECK LIST**

**Applicants must submit the following items:**

1.  Letter of intent
2.  FCSD BS-2 FORM of applicant
3.  List of all Bondspersons with which the company has been affiliated
4.  List if persons authorized to act or sign on behalf of the company and accompanying Powers of Attorney
5.  Persons authorized to accept service
6.  List Surety Companies with which the entity has been affiliated
7.  Current financial statement
8.  Letter of credit       Not applicable
9.  Copy of municipal permit to operate a Bail Bonding Company or municipal business license
10.  List amount of negotiable securities deposited with the municipality to serve debt       Not applicable
11.  Copy of permits granted to gents and employees by the municipality

**Corporations/limited Liability Corporation must submit items 1 thru 15 plus the following items**

12.  Certified copy of articles of incorporation
13.  Certificate of Good Standing from the Secretary of State
14.  List of Shareholders/Members
15.  List of Members of Board of Directors
16.  List of Elected Officers
17.  Copy of corporate resolution

**Partnership or Joint Venture must submit items 1 thru 15 plus the following items:**

18.  List persons to the Partnership of Joint Venture
19.  Certified copy of the Partnership or Joint Venture

**INVESTIGATED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICATION FOR CERTIFICATE OF AUTHORITY TO OPERATE A  
PROFESSIONAL BAIL BONDING COMPANY  
IN FULTON COUNTY**

**FILE NO.**

<b>Original Certificate</b> [ <input type="checkbox"/> ]	<b>Sole Proprietorship</b> [ <input type="checkbox"/> ]	<b>Corporation</b> [ <input type="checkbox"/> ]
<b>Renewal Certificate</b> [ <input type="checkbox"/> ]	<b>Partnership</b> [ <input type="checkbox"/> ]	<b>Joint Venture</b> [ <input type="checkbox"/> ]

Legal Name of Business: \_\_\_\_\_

Operating/Trade Name of Business: \_\_\_\_\_

Location of business: \_\_\_\_\_

Legal Owner of business: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you a U.S. Citizen? Yes [  ] No [  ] Natural born: \_\_\_\_\_ Naturalized: \_\_\_\_\_

Are you a resident of Georgia? Yes [  ] No [  ] Years: \_\_\_\_\_

List owner of property where business is located: \_\_\_\_\_

Amount of rent: Monthly \_\_\_\_\_ Annually \_\_\_\_\_ Other \_\_\_\_\_

Person/Service authorized to accept service: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

XX  
FOR OFFICE USE ONLY

**Approved:** [  ]      **Denied:** [  ]

Sheriff \_\_\_\_\_ Date: \_\_\_\_\_

Certificate issued by: \_\_\_\_\_ Date: \_\_\_\_\_

3. Fill in below all Bail Bondsperson which the Corporation/LLC or any individual listed in paragraph 6.5 Sections (a) through (f) of the Rules and Regulations has been affiliated with during the past ten (10) years as of the date of the filling of this application.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**PERSONS AUTHORIZED TO SIGN ON BEHALF OF THE INDIVIDUAL,  
PARTNERSHIP, CORPORATION OR LIMITED LIABILITY CORPORATION**

4. Below list all **individuals or entities** which will be **authorized to sign bonds** or act on behalf of the Bonding Company and the accompanying powers of attorney for each.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**PERSONS AUTHORIZED TO ACCEPT SERVICE**

5. Fill in below the names and addresses of the individuals or professional process service that shall be authorized to accept service of processes. (Must be residents of/located Fulton County).

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

6. Fill in below all **surety companies** with which the entity or any individual listed in paragraph 6.5 section (a) through (f) of the Rules and Regulations who have been affiliated during the past ten (10) years as of the date of filing this application.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

## SHAREHOLDERS

7. Fill in below all shareholders of record as of the date of filing this application. If space provided is inadequate, add another sheet and identify the additional information by item number.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_



## MEMBERS OF THE BOARD OF DIRECTORS

8. Fill in below all duly elected members of the Board of Directors. If space provided is inadequate, add another sheet and identify additional information by item number.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

## ELECTED OFFICERS

9. Fill in below all elected officers. If space provided is inadequate, add a sheet and identify additional information by item number.

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**PARTNERSHIP, JOINT VENTURE OR SOLE PROPRIETOR**

10. Fill in below all partners, including all parties that have an equitable interest in the partnership and individuals or entities who are entitled to receive any valuable consideration, financial or otherwise from the operation of this Bail Bond Business

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Residence Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**AGREEMENT**

The Undersigned Officers and Member of the Board of Directors of \_\_\_\_\_ agree that, should the insurance surety for any reason default (bankruptcy etc.), \_\_\_\_\_ its Officers and Board of Directors will hold first responsibility and satisfy all debts, forfeitures and judgements within six (6) months of default of the insurance surety.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**OUTSTANDING BONDS**

11. List all outstanding bonds returnable to the **Criminal Court** and **Superior Court** of Fulton County. If space provided is inadequate add additional sheet(s).

- 1. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Name \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**OUTSTANDING BONDS**

12. List all outstanding bonds returnable to the Criminal Court and Superior Court of Fulton County.  
If space provided is inadequate add additional sheet(s).

- 1. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Name \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**OUTSTANDING BONDS RETURNABLE TO OTHER COURTS**

13. List all outstanding bonds returnable to the **Courts *other than* Fulton County**. If space provided is inadequate add additional sheet(s).

- 1. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Name \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Name \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**OUTSTANDING FIFAS**

14. List all outstanding FiFas recorded in the Office of the Clerk of Fulton County. If space provided is inadequate add additional sheet(s).

- 1. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_



**OUTSTANDING JUDGEMENTS**

14. List all other outstanding judgements rendered against the company, the property, and or the collateral to secure debt. If space provided is inadequate, you may make copies of this sheet and attach it to the application.

- 1. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 3. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 5. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 6. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 7. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 8. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 9. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 10. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 11. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 12. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 13. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 14. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 15. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 16. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 17. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 18. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 19. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_
- 20. Case \_\_\_\_\_ Principal \_\_\_\_\_ \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_ do hereby certify that I have read and understand all questions and instructions on this application form, and that my answers are true and complete. I understand that any misstatements of material facts will result in disqualification of my application or revocation of my Certificate of Authority to act as a Professional Bondsperson or to operate a Professional Bonding Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

State of Georgia  
County of Fulton

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public