



# FREDERICK COUNTY, VIRGINIA

<b>SHERIFF</b>	<b>COMMISSIONER OF THE REVENUE</b>	
1080 Coverstone Drive, Winchester VA 22602 Phone: 540.662.6168 / Fax: 540.504.6402 Website: <a href="http://www.fcva.us/sheriff">www.fcva.us/sheriff</a>	107 North Kent Street, Winchester VA 22601 Phone (Business Division): 540.722.8335 / Fax: 540.667.6487 Websites: <a href="http://www.fcva.us/cor">www.fcva.us/cor</a> & <a href="http://www.fcva.us/biztax">www.fcva.us/biztax</a>	PO Box 552, Winchester VA 22604-0552 Email: <a href="mailto:hlargent@fcva.us">hlargent@fcva.us</a>

## APPLICATION FOR PERMIT – PRECIOUS METALS DEALERS

**NOTE: All documentation, including Criminal History Record, must be dated within 30 days of submitting Application / see Instructions/Checklist for additional detailed information**

- There is a \$200 Application fee.
- Business must be conducted only from the fixed and permanent Business Location listed in this Permit Application.
- Read the Code of Virginia - Title 54.1 (Professions and Occupations), Chapter 41 (Precious Metals Dealers) as well as the Frederick County Code - Chapter 155 (Taxation), Article XVI (Business License Provisions) to ensure compliance with all requirements, including obtaining a business license.
- Display the Permit in a conspicuous place on the premises. A Permit is valid for one year from the date of issuance and must be renewed annually prior to its expiration in the same manner as initially obtained. Note that a Permit may be denied or revoked if convicted of a felony or crime of moral turpitude.
- Immediately report to the Commissioner of the Revenue the permanent closing of a business or any change of applicant contact information (mailing address, telephone number, email address, etc.).

<b>APPLICANT INFORMATION</b>			
Type of Application (check one):	<input type="checkbox"/> Initial Application		<input type="checkbox"/> Renewal Application
Applicant's Full Name:	<i>First</i>	<i>Middle</i>	<i>Last</i> <span style="float: right;"><i>Alias/Other Name(s)</i></span>
Applicant's Date of Birth:	SSN:	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Applicant's Home Address:			
Applicant's Email Address:			
Applicant's Business Location:			
Applicant's Employer:			
Federal EIN:	Type of Business:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	
Employer's Address:			
Employer's Telephone No.:	Fax:		
Employer's Email Address:			
<b>ADDITIONAL DOCUMENTATION (see Instructions / Checklist for details)</b>			
• Criminal History Record(s)	• Fingerprint Card(s)	• Written Report of inspection/approval of weighing devices	
<b>CERTIFICATION</b>			
<p><b>The owner must sign and date this form.</b> If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign. It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter. (Code Va. Sec. 58.1-11)</p> <p><i>I, the undersigned, do swear or affirm under penalty of perjury: (1) that the information herein is true, complete, and correct to the best of my knowledge and belief; (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign on behalf of the Business; and (3) that I HAVE NOT, within the last seven (7) years, been convicted, pleaded nolo contendere, or suffered a forfeiture on any felony charge or crime of moral turpitude.</i></p>			
_____ Signature of Owner/Authorized Person		_____ Print Name and Title or Capacity for Signing	_____ Date
<b>*** FOR OFFICE USE ONLY ***</b>			
SHERIFF _____ [initials] <input type="checkbox"/> Permit Application <input type="checkbox"/> Fingerprint Card(s) & <input type="checkbox"/> Criminal History Record(s) for: _____ _____ _____		COMMISSIONER OF THE REVENUE _____ [initials] <input type="checkbox"/> Permit Application <input type="checkbox"/> \$200 Application Fee <input type="checkbox"/> Weighing Device(s) Approval Evidence Date Permit Issued: _____ Date Permit Expires: _____ <input type="checkbox"/> Applicant stated Bond / LOC sent to VA Treasurer	
Based on Criminal History Record Review ONLY – <b>Qualifies for Permit:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ If "No," explanation: _____ _____ _____			