



FREDERICK COUNTY, VIRGINIA

| | |
|--|---|
| <p style="text-align: center;">LENNY MILLHOLLAND, SHERIFF</p> <p>1080 Coverstone Drive, Winchester VA 22601 Phone: 540.662.6168 / Fax: 540.504.6402 Website: www.fcva.us/sheriff</p> | <p style="text-align: center;">ELLEN E. MURPHY, COMMISSIONER OF THE REVENUE</p> <p>107 North Kent Street, Winchester VA 22601 PO Box 552, Winchester VA 22604-0552 Phone (Business Division): 540.722.8335 / Fax: 540.667.6487 Websites: www.fcva.us/cor www.fcva.us/biztax Email: biztax@fcva.us</p> |
|--|---|

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.).

| APPLICANT INFORMATION | | | |
|---|--|--|--|
| 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> |
| 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: | | | |
| ADDITIONAL DOCUMENTATION (see Instructions / Checklist for details) | | | |
| • Criminal History Record(s) | • Fingerprint Card(s) | • Written Report of inspection/approval of weighing devices | |
| CERTIFICATION | | | |
| <p>The owner must sign and date this form. 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 style="text-align: center;"><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> | | | |
| _____ <i>Signature of Owner/Authorized Person</i> | _____ <i>Print Name and Title or Capacity for Signing</i> | _____ <i>Date</i> | |
| *** FOR OFFICE USE ONLY *** | | | |
| <input type="checkbox"/> Permit Application <input type="checkbox"/> Fingerprint Card(s) & <input type="checkbox"/> Criminal History Record(s) for: _____ _____ _____ | SHERIFF _____ [initials] Based on Criminal History Record Review ONLY – Qualifies for Permit: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____ If "No," explanation: _____ _____ | 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 |