



# FREDERICK COUNTY, VIRGINIA

**LENNY MILLHOLLAND, SHERIFF**

1080 Coverstone Drive, Winchester VA 22602  
 Phone: 540.662.6168 / Fax: 540.504.6402  
 Website: [www.fcva.us/sheriff](http://www.fcva.us/sheriff)

**SETH T. THATCHER, COMMISSIONER OF THE REVENUE**

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](http://www.fcva.us/cor) [www.fcva.us/biztax](http://www.fcva.us/biztax) Email: [biztax@fcva.us](mailto:biztax@fcva.us)

## 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:	First	Middle	Last	Alias/Other Name(s)
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**

**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)

*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.*

\_\_\_\_\_  
Signature of Owner/Authorized Person\_\_\_\_\_  
Print Name and Title or Capacity for Signing\_\_\_\_\_  
Date**\*\*\* FOR OFFICE USE ONLY \*\*\***

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: _____ _____	