

FREDERICK COUNTY, VIRGINIA



SHERIFF

1080 Coverstone Drive, Winchester VA 22602 Phone: 540.662.6168 / Fax: 540.504.6402 Website: www.fcva.us/sheriff

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 & www.fcva.us/biztax Email: amber.lucht@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 <u>annually</u> 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):	□ Initial Application	□ Rene	ewal A _l	pplication			
Applicant's Full Name:	First	Middle		Last		Alias/Oti	her Name(s)
Applicant's Date of Birth:		SS	N:		Gender:	□ Female	□ Male
Applicant's Home Address:							
Applicant's Email Address:							
Applicant's Business Location:							
Applicant's Employer:							
Federal EIN:		Type of Busi	ness:	□ Individual □	Corporation	□ Partnersh	ip 🗆 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 device						ing 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 ***							
SHERI	SHERIFF[initials] ermit Application Based on Criminal History Record Revieu			COMMISSIONER OF THE REVENUE[initials]			
□ Fingerprint Card(s) & □ Criminal History Record(s) for:	ONLY – Qualifies for Permit: Date:	⊐ YES □ NO	□ Per	mit Application	Date Permit	Issued:	
			□ \$20	0 Application Fee	Date Permit	Expires:	
		No," explanation:		ighing Device(s) pproval Evidence	□ Applicant VA Trea	stated Bond / Lasurer	OC sent to
						Revise	ed: 8/2025