

Roanoke County Police Department Application for Precious Metals Dealer's Permit

Applicant's Name:
Aliases:
Address:
Previous Addresses:
(List all residence addresses for the past 10 years. Attach additional a sheet, if necessary.)
Applicant's Phone Number: (Home) (Cell)
Email Addresses:
Date of Birth: Sex: Male Female Race:
Social Security Number:
Applicant's Current Employer:
Employer's Address:
Employer's Phone Number:
Current Supervisor: Date of Employment:
Job Description:
(Additional employment information may be required if current employment has been for less than two years.)
Applicant's Anticipated Business Location:
Business Phone Number:
DUSINESS FIIONE NUMBEL.

Prior permits (for dealing in precious metals) held by Applicant: Include date, location by city and state, and status of each permit (i.e. denied or revoked, the location and date of rejection or revocation.)

1.	Permit:	Date:
	Location:	
2.	Permit:	Date:
	Location:	
3.	Permit:	Date:
	Location:	
	Status:	
4.	Permit:	Date:
		
fede		for felonies or crimes of moral turpitude in any state on offenses, except for parking violations or other non neet, if necessary.
1.		, , , , , , , , , , , , , , , , , , ,
		Court of Conviction:
		(Indicate if any active probation/parole)
	Description of Offense:	
	Date of Conviction:	Court of Conviction:
	Sentence:	
		(Indicate if any active probation/parole)
3.		
		Court of Conviction:
	Sentence:	
		(Indicate if any active probation/parole)

4.	Description of Offense:					
	Date of Conviction:	Cour	Court of Conviction:			
	Sentence:					
		(Indicate if any active probation/parole)				
_	rour knowledge, are you prese a felony or a crime of moral tu		ation for (but have not	yet been convicted		
	YES	/	NO			
If so	, please explain the circumsta	nces:				
way	se describe the processes by verther purchased jewelry will be stoce department as required by	ored and how reco				

If you will not be using Leads Online, please describe the process by which you will be reporting your precious metal purchases to the police department within the 24 hour requirement.					
County Code. Furt	understand the applicable laws set forth in Chapter 16.1 of the Roanoler, I understand that the Roanoke County Police Department will comple and check in conjunction with this application, and I authorize the Roanoletment to conduct said check.				
understand that s	offirm that all information provided on this form is true and accurate. The imitting false information in the application process will result in rejection revocation of any permit issued.				
Date:	Applicant Signature:				