

PRECIOUS METALS AND GEMS DEALER PERMIT

Applicant Instructions

Please use the following list as a checklist when applying for or renewing your permit:

Initial Application (or renewal) for 12 Month Permit

The following is what you are required to submit when applying for or renewing your Precious Metals and Gems Dealer Permit:

- Complete the application in its entirety and return it to the Hanover County Sheriff's Office located at 7522 County Complex Road Hanover, Virginia, 26069 (must present a valid photo I.D. with application).
- Submit a completed and notarized Authorization to Obtain Information form.
- Submit a check or money order made payable to the "Treasurer, Hanover County" in the amount of \$200.00 (non-refundable).
- Upon receipt of your application, a criminal background investigation will be completed in accordance with Virginia State Code. All applicants are required to be fingerprinted and photographed.
- Submit written evidence from local or state weights and measures officials approving all weighing devices used by the applicant.
- Submit a copy of a surety bond in the amount of \$10,000 or provide a letter of credit issued for the same amount.

***NOTE: Applications and fingerprinting will only be received and/or conducted Mon – Fri (not including holidays) between 8:30AM – 11:30AM and 1:00PM -3:30PM.**

It is the applicant's responsibility to become familiar with State regulations governing precious metals and gems dealers as defined in Title 54.1, Chapter 41 of the Code of Virginia. Those code sections are listed as follows:

- | | | | |
|-------------|---|-----------|---|
| 54.1-4100 | Definitions | 54.1-4106 | Bond or letter of credit required of |
| 54.1-4101 | Records to be kept and furnished. | 54.1-4107 | Private action on bond or letter of credit. |
| 54.1-4101.1 | Examination of records | 54.1-4108 | Permit required |
| 54.1-4102 | Credentials and statement of ownership. | 54.1-4109 | Exemption from chapter. |
| 54.1-4103 | Prohibited purchases. | 54.1-4110 | Penalties; first and subsequent offenses. |
| 54.1-4104 | Dealer to retain purchases. | 54.1-4111 | Local ordinances. |
| 54.1-4105 | Record of Disposition. | | |



HANOVER COUNTY SHERIFF'S OFFICE



Application for Precious Metals & Gems Dealer Permit

Applicant's Full Name _____
Last First Middle

Aliases or Nicknames _____

Applicant's Address _____
Number/Street
City State Zip

Telephone Numbers (____) _____ (____) _____ (____) _____
Home Work Cell/Other

Driver's License Number _____ Issuing State _____

Applicant's Date of Birth ___/___/___ Age ___ Sex _____

Applicant's Employer _____

Employer's Address _____
Number/Street
City State Zip

Employer's Telephone Number (____) _____

Application is being made for a permit to engage in business as a precious metals and gems dealer while physically located at:

Number/Street City State Zip (name of facility or complex)

Name of Business _____ Business Telephone Number (____) _____

I have have not been convicted of a criminal violation.

Signature _____ Date ___/___/___

FOR HSO OFFICE USE ONLY
Check/Money Order _____ **Paid** or **Not Paid**
Check/Money Order #: _____
Initials: _____ Date: _____

Application Fee: **\$200.00**
Checks payable to **Treasure, Hanover County**



HANOVER COUNTY SHERIFF'S OFFICE



Authorization to Obtain Information

I authorize the Hanover County Sheriff's Office to perform a background investigation in connection with my application for a **Precious Metals and Gems Dealer** permit. This investigation may include information as to any criminal convictions, Division of Motor Vehicle records, and any other appropriate sources. A reproduction of this authorization form will be valid as an original hereof and shall expire 12 months from the date of its acknowledgment.

I authorize the release of any information that the Hanover County Sheriff's Office may request from the above sources and I hereby release you, your organization or other, from an and all liability or damage which may result from furnishing the information requested. I further understand that sources of information, as well as the information itself cannot be revealed to me.

Applicant's Signature

Date

Address

Date of Birth

City, State, Zip Code

State of Virginia, County of Hanover.

(for office use only)

On this _____ day of _____, 20____,

Applicant's Name

Whose name is signed to the foregoing instrument, personally appeared before me, acknowledged the foregoing signature to be his, and having been duly sworn by me, made oath that the statements made in the said instrument are true.

Notary Public

My Commission Expires: _____