



CITY OF FALLS CHURCH POLICE DEPARTMENT

Precious Metal Dealer's Permit Application

Name _____ Email address _____

Home Address _____

Home Phone _____ Date of Birth _____ F M

Name of Business _____ Phone Number _____

Business Address _____

Are you the owner of the business? Yes No Itinerant Dealer? Yes No

If you are not the owner please list your supervisor _____

Have you ever been convicted of a criminal offense? Yes No If yes, please list the information below:

Date _____ Charge _____ Court/Disposition _____

Date _____ Charge _____ Court/Disposition _____

List last two places of employment (please include dates worked and supervisor)

1.

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2.

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I HEREBY AFFIRM THAT I HAVE PERSONALLY FILLED OUT THIS APPLICATION FOR A PRECIOUS METAL DEALER'S PERMIT, THAT THE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACTS OR CIRCUMSTANCES THAT WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I GIVE THE FALLS CHURCH POLICE DEPARTMENT THE RIGHT TO CHECK WITH FORMER EMPLOYERS AND TO SECURE ANY ADDITIONAL INFORMATION FROM ANY SOURCE, IF NECESSARY

Date _____ Signature _____