



POLICE DEPARTMENT
 300 Park Avenue, Suite G2 Falls Church, VA 22046
PRECIOUS METALS DEALER'S PERMIT APPLICATION

Today's Date _____ Original Permit Renewal E-mail Address _____

Last Name _____ First Name _____

Aliases _____ Last 4 of Social Security # _____

Home Address _____

Cell Phone _____ Date of Birth _____ Race _____ Sex _____

Business Address _____

Business Phone _____ Are you the owner? Yes No Itinerant Dealer Yes No

If you are not the owner, please list your supervisor. _____

Have you ever been convicted of felony or a crime of moral turpitude within the immediate past seven years prior to the date of application Yes No

If yes, please list the Offense, Date of Offense, Location of the Offense and Final Offense Disposition

AFFIDAVIT FOR RELEASE OF INFORMATION

I hereby give consent and authorize the City of Falls Church Police Department to search the files of the Central Criminal Records Exchange and report the results of such search to the agent or individual authorized in this document to receive same. I swear (affirm) that all of the above information is true and correct to the best of my knowledge.

I understand that it is unlawful for any person to make a false statement on this application and discovery of a false statement shall constitute grounds for denial of an application or revocation of a permit.

Signature of Applicant _____

In the City County of _____

Commonwealth of Virginia

Sworn before me this date _____

Signature of Notary _____

My commission expires on _____

Any false statement made on this application form voids the license