

**APPLICATION FOR LICENSE AS SECOND HAND SEMI-PRECIOUS
METAL DEALER AND/OR PAWNBROKER
CHAPTER 7 TOWN OF WYTHEVILLE
54.1-4100 THROUGH 54.1-4111 CODE OF VIRGINIA**

BUSINESS NAME _____ PHONE: _____

MAILING ADDRESS _____

BUSINESS LOCATION _____

TYPE OF BUSINESS (JEWELER, PAWN SHOP, METAL BROKER, ETC) _____

Give information below for each owner. List prior address as well as present address where any address is less than 3 years old.

NAME	ADDRESS	DOB	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List two (2) references (not related or business associates) for each owner

REFERENCES	ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____

If additional space is needed, note on reverse side.

IS THIS BUSINESS CURRENTLY LICENSED TO DO BUSINESS IN THE TOWN OF WYTHEVILLE?
 YES NO IF YES, UNDER WHAT NAME? _____

IS THIS BUSINESS OR ANY OWNER LICENSED AS A JUNK DEALER OR PAWNBROKER BY THE STATE OF VA? YES NO IF YES, GIVE NAME AND COUNTY IN WHICH LICENSE WAS ISSUED

HAS ANY OWNER EVER BEEN CONVICTED OF A CRIME? YES NO IF YES, GIVE NAME, OFFENSE, LOCATION AND DATE OF CONVICTION AND SENTENCE _____

DOES APPLICANT HAVE THE PROPER SURETY BOND AS REQUIRED BY SES 7-177 OF THE CODE OF THE TOWN OF WYTHEVILLE? YES NO

I (WE) HEREBY MAKE APPLICATION TO THE TOWN OF WYTHEVILLE FOR A LICENSE TO DO BUSINESS UNDER CHAPTER 7 OF THE TOWN OF WYTHEVILLE AND 54.1-4000 THROUGH 54.1-4014 CODE OF VIRGINIA. I (WE) CERTIFY THAT THE ENTRIES MADE IN THE APPLICATION ARE TRUE AND CORRECT.

NOTICE: FALSIFICATION OF APPLICATION MAY BE GROUNDS FOR DENIAL OF LICENSE.

ALL OWNERS MUST SIGN:

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

INVESTIGATION CONDUCTED YES NO BY: _____ DATE COMPLETED _____

RECOMMEND APPROVAL YES NO CHIEF _____ DATE _____

DATE LICENSE ISSUED _____ TREASURER _____ DATE _____