

Date of Application _____

NOTICE: No person, corporation or partnership who buys precious metal from the general public whether in bulk or in manufactured form, with an intent to obtain a monetary profit for himself or for the principal shall operate in the State of South Carolina, unless he first obtains a permit to engage in the business of purchasing precious metals from a local law enforcement agency and operates only from a permanent place of business. No dealer shall operate upon public property nor from a vehicle, flea market, hotel room or similar temporary location. Applications should be typewritten or clearly printed in ink. All questions must be answered. If space provided is insufficient, attach sheets of the same size to this application and number answers to correspond to questions.

NAME AND ADDRESS OF APPLICANT

1.

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

PERSONAL HISTORY OF PROPRIETOR, PARTNER OR CORPORATE OFFICERS

2.

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

3. Name and address of the person, firm, or corporation for whose account the Business will be carried on, if any. If applicant is acting as an agent for the principal, list the name and address of the principal for whom the applicant's business will be carried.

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

4. List the permanent places of business and other places in the State of South Carolina where it is proposed to carry on the applicant's business.

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

5. List the place or places of business where the applicant has carried on the business of purchasing precious metals within one year preceding the date of this application.

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

Business Name	Telephone Number
Business Address (street, city, county)	
Business is () Proprietorship () Partnership () Corporation - State of Corporation	

6. State the nature, character and quality of the precious metals to be purchased in the business.
Note: Precious metal means any article made in whole or in part of gold, silver or platinum.

7. Personal History of Persons Managing, Supervising or Conducting Applicant's Business

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

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Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

Name (last, first, middle)		Telephone No.		Business Capacity			
Home Address (street, city, state, zip)							
DOB (Mo, Day, Yr.)	City, County, State	Social Security No.	Driver License No., State	Race	Sex	Height	Weight

NOTICE: Other reasonable information as to the identity of the persons managing, supervising or conducting the applicant's business may be required by local law enforcement agencies in order to fulfill the purpose of Chapter 54 Title 40 of the State of South Carolina Code of Laws, 1976.

8. I (we) swear and affirm that all statements made on this application are true and correct and I (we) further understand that a permit may be denied, suspended or revoked at any time if the local law enforcement agency discovers that the information on this application is inaccurate or I (we) do not comply with the requirements of Chapter 54 Title 40 of the State of South Carolina Code of Laws, 1976.

Sworn and subscribed before me, this the ____ Day of _____ Yr _____.

Notary Public
My Commission Expires: