



You couldn't pick a better place.

Mayor
Susan Shin Angulo

Patti Chacker
Township Clerk
Registrar of Vital Statistics

**DEALER OF PRECIOUS METAL, GEMS, & SECONDHAND GOODS
BUSINESS LICENSE APPLICATION**

APPLICANT

NAME OF COMPANY: _____

OWNER*: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____ EMAIL: _____

OPERATING HOURS: _____

POWER OF ATTORNEY: _____

Fees:

DEALER: \$300

*(If the Dealer is a business entity other than a sole proprietorship, the officers in a corporation or the partners in a partnership (or limited partnership) shall each be listed, and shall each complete and sign separate Security Check Authorization Waivers.)

****PLEASE ATTACH A COPY OF VALID ZONING AND/OR CONSTRUCTION PERMIT(S) FROM THE TOWNSHIP OF CHERRY HILL ****

****I hereby certify that I have obtained/will obtain the computer equipment and software required in Subsection 6-19.6 of this Ordinance, for purposes of reporting all transaction data in electronic format to the Cherry Hill Police Department ****

DATE: _____

SIGNATURE X _____

(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31st)

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to conduct full investigations into the background and activities of all persons listed on this application I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATE: _____

SIGNATURE X _____

Township Council _____ Approved _____ Denied _____ Date _____

Amount Paid _____ Date _____ Receipt # _____

**CHERRY HILL POLICE DEPARTMENT
SECURITY CHECK AUTHORIZATION WAIVER**

Please Attach a Copy of Valid Driver's License

Please Print NAME

_____ AGE: _____
Last First Middle Maiden

ADDRESS

Number Street Town State Zip Code

PREVIOUS ADDRESS

Number Street Town State Zip Code

CONTACT PHONE _____ **DATE OF BIRTH** _____ **PLACE OF BIRTH** _____

SEX M F **RACE** _____ **HGT** _____ **WGT** _____ **EYES** _____ **HAIR COLOR** _____

SOCIAL SECURITY NUMBER _____ - _____ - _____ **OCCUPATION** _____

DRIVER'S LICENSE NUMBER _____ **STATE** _____

Have you ever been convicted of a crime? Yes No If yes, where? _____

Explain: _____

SECURITY CHECK AUTHORIZATION WAIVER

As indicated above, I have applied for non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any criminal history record information for the stated purpose to the Cherry Hill Police Department and The Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant **X** _____ Date: _____

FOR POLICE USE ONLY

APPLICATION FOR:
STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION _____

LOCAL ORDINANCE: _____ NON-CRIMINAL _____

APPLICATION RECEIVED BY _____ DATE _____

SECURITY CHECK CONDUCTED

C.H.P.D. RECORDS _____ N.C.I.C. _____ S.C.I.C. _____

LOCAL POLICE JURISDICTION _____ DRIVER'S LICENSE _____

OTHER _____

FOR POLICE CHIEF ONLY

APPROVED _____ DENIED _____

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant