



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

Patti Chacker Township Clerk

NAME OF BUSINESS: _____

OWNER*: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

OPERATING DAYS / HOURS: _____

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 **

SIGNATURE

DATE

(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 10th)

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.

SIGNATURE

DATE

APPLICATION CHECKLIST

- Complete Application pages 1 - 2
Include Payment of Fees
Copy of Zoning and Construction Permits
Proof Dealer has obtained REQUIRED computer equipment & software
Proof of Fingerprinting

POLICE CHECKLIST

- Complete Application page 3
Copy of Applicant's Valid Driver's License
Copy of Applicant's State License

FOR OFFICE USE ONLY

Amount Paid _____

Date _____

Receipt # _____

CHECKS / MONEY ORDERS should be made PAYABLE to CHERRY HILL TOWNSHIP

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

Please Attach a Copy of Valid Driver's License and State 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 criteria 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 _____ 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