Southern Pines Police Department

Application for a License as a Precious Metal Dealer & Certificate of Compliance for Employee Registration Application

TYPE OF APPLICATION

☐ Application for a License as a Precious Metal Dealer (Complete Section 1)
- ☐ Initial Application ☐ Annual Renewal (Must be filed within 30 days of expiration)

☐ Application for a License as a Precious Metal Dealer - Special Occasion Permit - (Complete Section 2)
- ☐ Initial Application ☐ Annual Renewal (Must be filed within 30 days of expiration)

☐ Application for Certificate of Compliance for Employee Registration - (Complete Section 3)
(Must be completed within two (2) days of employment)

SECTION 1 - Application for License as a Precious Metal Dealer

The Southern Pines Police Department will review, process and, if appropriate, authorize the issuance of a License as a Precious Metal Dealer to conduct business in the Town of Southern Pines. For the Southern Pines Police Department to process your application please submit the following:

☐ This completed application

☐ North Carolina CC & PS Precious Metals Form 1 (Application Form) MUST BE NOTARIZED

☐ North Carolina CC & PS Precious Metals Form 2, if applicable (Supplementary Information) MUST BE NOTARIZED

☐ North Carolina CC & PS Precious Metals Form 7 (Surety Bond)

☐ Photocopy of driver license

☐ Two (2) recent passport-sized photographs (The Southern Pines Police Department will not provide photographs)

☐ A certified copy from the Clerk of Courts of any felony convictions

☐ A certified copy from the Clerk of Courts of any other convictions within the past five (5) years

☐ A complete set of Fingerprints (The Southern Pines Police Department will take fingerprints on request. There is a separate fee of $5.00 for this service)

☐ SBI Authority for Release of Information Form

In addition to standard fees and charges, the following, non-refundable fees for police department services are due to the Town of Southern Pines prior to the issuance of a License (NOTE: All fees are set by North Carolina General Statute and cannot be waived by the Town of Southern Pines):

1. Application/Annual Fee - $180.00

The applicant will be provided with F807C - *Summary of License Fees* which must be submitted with payment to the Town of Southern Pines Finance Department, 180 SW Broad Street. A receipt must be returned to the police department.

NOTE: If the applicant for a Dealer Permit is a partnership or association, all persons owning a ten percent (10%) or more interest in the partnership or association must furnish the above information. If the applicant for a Dealer Permit is a corporation, each officer, director and stockholder owning ten percent (10%) or more of the corporation's stock, of any class, must furnish the above information. THERE IS A THIRTY (30) DAY WAITING PERIOD FROM THE TIME OF APPLICATION TO THE ISSUANCE OF THE DEALER PERMIT.

Applicant Information

Name: _____ **Phone #:** _____

Street Address: _____

Relationship to Business (i.e. Owner, Operator, Driver, etc.): _____

Business Information

Business Name: _____

Street Address (not PO Box): _____

Telephone: Day: _____ After Hours: _____

Owner's Name: _____

Owner's Address: _____

Owner's Home Phone: _____

Is this location a mobile home, trailer, camper, other vehicle or a structure not permanently affixed to the ground?

☐ Yes ☐ No

Is this location a room customarily used for lodging in any hotel, motel, tourist court or tourist home as defined in NCGS 105-61?

☐ Yes ☐ No

Certification & Release

Certification

As the applicant for a Dealer Permit under Chapter 66 of the North Carolina General Statutes, by signing this application I hereby certify that I am aware of the provisions of the General Statutes and agree to abide by all provisions stated therein. I understand that, if issued, the Dealer Permit is valid for the issued location only, that it is valid for a period of twelve (12) months and can be suspended or revoked. I agree to post the Dealer Permit in a prominent place.

Release

I am submitting the application as defined above. I agree to allow a background investigation, including a criminal history check, to be made for purposes of processing my application and I certify that the information contained herein and in the application and supporting documents (if any) is true and accurate to the best of my knowledge.

_____ _____

Name - PRINTED Signature (In the presence of Police Dept. Personnel)

_____ _____

Witness (Police Department) Date of Release

SECTION 2 - Application for a License as a Precious Metal Dealer - Special Occasion Permit

The Southern Pines Police Department will review, process and, if appropriate, authorize the issuance of a License as a Precious Metal Dealer - Special Occasion Permit to conduct business in the Town of Southern Pines. For the Southern Pines Police Department to process your application please submit the following:

- ☐ This completed application
- ☐ North Carolina CC & PS Precious Metals Form 1 (Application Form) MUST BE NOTARIZED
- ☐ North Carolina CC & PS Precious Metals Form 2, if applicable (Supplementary Information) MUST BE NOTARIZED
- ☐ North Carolina CC & PS Precious Metals Form 7 (Surety Bond)
- ☐ A copy of any Precious Metal Dealer Permit(s) issued to you or your business
- ☐ Photocopy of driver license
- ☐ Two (2) recent passport-sized photographs (The Southern Pines Police Department will not provide photographs)
- ☐ A certified copy from the Clerk of Courts of any felony convictions
- ☐ A certified copy from the Clerk of Courts of any other convictions within the past five (5) years
- ☐ A complete set of Fingerprints (The Southern Pines Police Department will take fingerprints on request. There is a separate fee of $5.00 for this service)
- ☐ SBI Authority for Release of Information Form

In addition to standard fees and charges, the following, non-refundable fees for police department services are due to the Town of Southern Pines prior to the issuance of a License (NOTE: All fees are set by North Carolina General Statute and cannot be waived by the Town of Southern Pines):

1. Application/Annual Fee - $180.00

The applicant will be provided with F807C - *Summary of License Fees* which must be submitted with payment to the Town of Southern Pines Finance Department, 180 SW Broad Street. A receipt must be returned to the police department.

NOTE: If the applicant for a Special Occasion Permit is a partnership or association, all persons owning a ten percent (10%) or more interest in the partnership or association must furnish the above information. If the applicant for a Special Occasion Permit is a corporation, each officer, director and stockholder owning ten percent (10%) or more of the corporation's stock, of any class, must furnish the above information. THERE IS A THIRTY (30) DAY WAITING PERIOD FROM THE TIME OF APPLICATION TO THE ISSUANCE OF THE SPECIAL OCCASION PERMIT.

Applicant Information

Name: **Phone #:**

Street Address:

Relationship to Business (i.e. Owner, Operator, Driver, etc.):

Business Information

Business Name:

Street Address (not PO Box):

Telephone: Day: After Hours:

Owner's Name:

Owner's Address:

Owner's Home Phone:

Is this location a mobile home, trailer, camper, other vehicle or a structure not permanently affixed to the ground?

☐ Yes ☐ No

Is this location a room customarily used for lodging in any hotel, motel, tourist court or tourist home as defined in NCGS 105-61?

☐ Yes ☐ No

Certification & Release

Certification

As the applicant for a Dealer Permit under Chapter 66 of the North Carolina General Statutes, by signing this application I hereby certify that I am aware of the provisions of the General Statutes and agree to abide by all provisions stated therein. I understand that, if issued, the Dealer Permit is valid for the issued location only, that it is valid for a period of twelve (12) months and can be suspended or revoked. I agree to post the Dealer Permit in a prominent place.

Release

I am submitting the application as defined above. I agree to allow a background investigation, including a criminal history check, to be made for purposes of processing my application and I certify that the information contained herein and in the application and supporting documents (if any) is true and accurate to the best of my knowledge.

Name - PRINTED

Signature (In the presence of Police Dept. Personnel)

Witness (Police Department)

Date of Release

SECTION 3 - Employee Registration

The Southern Pines Police Department will review, process and, if appropriate, issue a Certificate of Compliance for Employee Registration. For the Southern Pines Police Department to process the application, each employee must appear IN PERSON at the Southern Pines Police Department and have a photograph taken. Additionally, you (applicant) must submit the following for each employee (*NOTE*: If more than four (4) employees, add additional sheets):

- ☐ This completed application
- ☐ North Carolina CC & PS Precious Metals Form 3 (Employee Registration Form) MUST BE NOTARIZED
- ☐ Photocopy of government issued identification card (Driver License, Passport, Military ID, etc.)
- ☐ SBI Authority for Release of Information Form

In addition to standard fees and charges, the following, non-refundable fees for police department services are due to the Town of Southern Pines prior to the issuance of a License (NOTE: All fees are set by North Carolina General Statute, Town Code or other regulations and cannot be waived by the Town of Southern Pines):

1. Application Fee - $10.00 (per employee) NOTE: The annual renewal fee is $3.00
2. Fingerprinting Fee - $ 5.00 (per employee)
3. SBI Fingerprint Processing Fee - $38.00 (per employee)

The applicant will be provided with F807C - *Summary of License Fees* which must be submitted with payment to the Town of Southern Pines Finance Department, 180 SW Broad Street. A receipt must be returned to the police department.

Employer Information

Business Name: _____

Street Address (not PO Box):: _____

Telephone: Day: _____ After Hours: _____

Permit Issued to Business on: (Date) _____

Employee #1

Business Name: _____

Address: _____

DOB: _____ OLN/State _____ Class: _____

Employee #2

Business Name: _____

Address: _____

DOB: _____ OLN/State _____ Class: _____

Employee #3

Business Name: _____

Address: _____

DOB: _____ OLN/State _____ Class: _____

Employee #4

Business Name:

Address:

DOB: OLN/State Class:

FOR DEPARTMENT USE ONLY

Date Application received: By:

NOTE: All applications are to be forwarded to the Office of the Chief of Police

☐ Accepted ☐ Returned ☐ Deficiency:

Comments: