WEATHERFORD POLICE DEPARTMENT
Precious Metals & Gem Dealer License Application

As per Weatherford City Ordinance O2026-24 (Precious Metals & Gem Dealers), any dealer who intends to engage in the business of buying used and/or scrap jewelry, precious and/or semi-precious articles, monies, silverware or any other item covered in the article shall file a written application for a license with the Chief of Police. This application must be submitted at least 30 days prior to engaging in business.

The application should be accompanied by the following mandatory requirements: (1) a licensing fee set by the City of Weatherford, (2) proof of registration with the State of Texas through the Office of Consumer Credit Commissioner, and (3) proof of a bond in the sum of not less than $5,000 cash or a surety bond through a solvent surety company authorized to do business in the state of Texas. Applications will be returned & denied if they do not meet all the requirements above. Please print or typewrite the information below:

DATE OF APPLICATION: _____

APPLICANT FULL LEGAL NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____
Street **City** **State** **Zip Code**

MAILING ADDRESS:
(If different) _____
Street **City** **State** **Zip Code**

BUSINESS TELEPHONE: _____

BUSINESS HOURS & DAYS: _____

_____

_____

REGISTRATION # WITH THE STATE OF TEXAS, OFFICE OF CONSUMER CREDIT COMMISSIONER:

_____

I. BUSINESS MANAGER AND/OR SUPERVISOR (PRINCIPALLY IN CHARGE OF BUSINESS):

FULL LEGAL NAME: _____

APPLICANT DRIVER LICENSE: _____ **DATE OF BIRTH:** _____
State **Number**

ADDRESS: _____
Street **City** **State** **Zip Code**

TELEPHONE: _____

II. **BUSINESS EMPLOYEES AND/OR OPERATORS (PRINCIPALLY INVOLVED IN OPERATION):**
If additional space is needed, use the supplement form.

FULL LEGAL NAME: ______________________________

APPLICANT DRIVER LICENSE: ______________________ **DATE OF BIRTH:** ______________
State Number

ADDRESS: ______________________________
Street City State Zip Code

TELEPHONE: ______________________________

FULL LEGAL NAME: ______________________________

APPLICANT DRIVER LICENSE: ______________________ **DATE OF BIRTH:** ______________
State Number

ADDRESS: ______________________________
Street City State Zip Code

TELEPHONE: ______________________________

FULL LEGAL NAME: ______________________________

APPLICANT DRIVER LICENSE: ______________________ **DATE OF BIRTH:** ______________
State Number

ADDRESS: ______________________________
Street City State Zip Code

TELEPHONE: ______________________________

FULL LEGAL NAME: ______________________________

APPLICANT DRIVER LICENSE: ______________________ **DATE OF BIRTH:** ______________
State Number

ADDRESS: ______________________________
Street City State Zip Code

TELEPHONE: ______________________________

III. **Indicate whether any individual who will be associated with applicant's business, including applicant, has ever been found guilty of any of the following offenses: arson, criminal mischief, reckless damage or destruction of another's property, robbery, aggravated robbery, burglary, criminal trespass, theft, forgery, criminal simulation, credit card abuse, deceptive business practice, commercial bribery, or any other offense under Title 7, TX Penal Code. If so, please indicate who was convicted, where, date of conviction, offense, and disposition.**

Name	Location of Arrest	Offense	Conviction Date	Case Disposition

IV. **Indicate whether any individual, who will be associated with applicant's business, including the applicant, is currently or will reasonably be a party of any civil or criminal investigation and/or litigation arising from sales and/or purchases of any goods or services. If so, please indicate the particulars of the pending or existing investigation and/or litigation.**

Name	Pending or Existing Investigation and/or Litigation

V. **Indicate whether the applicant(s) has had an identical or similar business under an assumed name and if the license was revoked, suspended, or denied by any state or local governmental agency or entity within the preceding five (5) years.**

Business Name	License Y/N	Reason for Revocation, Suspension or Denial

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VI. **Indicate whether the applicant intends to transact business from a temporary location within the City of Weatherford. A record of purchases must be submitted to the Chief of Police within 24 hours after closing the temporary location. Note: Temporary location shall mean a location used for the transaction of business for a period of less than thirty (30) days.**

Temporary Location		
Street Address	**City**	**State/Zip**

VII. **Indicate the place where the jewelry, money, silverware, precious metals are to be stored in accordance with Section 5-16-7 of Ordinance O2026-24.**

Storage Location		
Street Address	**City**	**State/Zip**

I hereby swear and affirm the above information is true and correct to the best of my knowledge and further agree to abide by all provisions as set forth in the City of Weatherford's Ordinance O2026-24 or any state and/or federal applicable laws or regulations.

_____ _____

Applicant's Signature **Date**

Sworn to and subscribed before me this _____**day of** _____, _____.

Notary Public

_____

Signature

_____

Printed Name

DEPARTMENT USE ONLY

License# _____ **Issue Date:** _____ **License fee paid:** _____

License Status: Approved_____ **Denied**_____ **Approved/Denied by:** _____