

## Oconee County Sheriff's Office Dealers in Precious Metals Permit Application

Date of Application \_\_\_\_\_

Return to: Oconee County Sheriff's Office  
300 S Church Street  
Walhalla, SC 29691

NOTICE: No person, corporation, or partnership who buys precious metals from the general public, whether in bulk or in manufactured form, with an intent to obtain a monetary profit for himself or for a 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 from a vehicle, flea market, hotel room, or similar temporary location. Application should be typewritten or clearly printed in ink. All questions must be answered. If the space provided is insufficient, attach sheets of the same size to this application and number answers to correspond to questions.

### 1. Name and address of applicant

Business Name	Telephone No.
Business Address (street, city, state, zip)	
Business is a <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation—State of Incorporation _____	

### 2. Personal history of the proprietor, partner, or corporate officers

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address (street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address (street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address (street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

Applicant's Initials \_\_\_\_\_

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

Business Name						Telephone No.	
Business Address ( street, city, state, zip)							
Business is a      ( ) Proprietorship      ( ) Partnership      ( ) Corporation – State of Incorporation _____							
Name (Last, first, middle)				Telephone No.		Business capacity	
Home Address ( street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

**4. List the applicants' 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 No.	
Business Address ( street, city, state, zip)							
Business is a      ( ) Proprietorship      ( ) Partnership      ( ) Corporation – State of Incorporation _____							

Business Name						Telephone No.	
Business Address ( street, city, state, zip)							
Business is a      ( ) Proprietorship      ( ) Partnership      ( ) Corporation – State of Incorporation _____							

**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 No.	
Business Address ( street, city, state, zip)							
Business is a      ( ) Proprietorship      ( ) Partnership      ( ) Corporation – State of Incorporation _____							

Applicant's Initials \_\_\_\_\_

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### 5. Continued

Business Name	Telephone No.
Business Address ( street, city, state, zip)	
Business is a      ( ) Proprietorship      ( ) Partnership      ( ) Corporation – State of Incorporation _____	

**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 part of gold, silver or platinum.**

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### 7. Personal history of persons managing, supervising or conducting the applicant's business

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address ( street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address ( street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

Name (Last, first, middle)		Telephone No.	Business capacity				
Home Address ( street, city, state, zip)							
Date of Birth	Place of Birth	Social Security Number	SC Driver's License number	Race	Sex	Hgt.	Wgt.

### Certification

I certify that all information herein contained is true to the best of my knowledge and belief and any misstatement of fact on this application may result in the revocation of my permit.

Sworn to and subscribed before me this \_\_\_\_  
day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public for South Carolina  
My commission expires \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_