Business License Department
City of Sumter / Sumter County
Affidavit of Applicant Seeking to Do Business as a Precious Metal Dealer

Date of Application

Name of Applicant

Home Address

_____

Street

_____ _____ _____

City **State** **Zip Code**

Home Telephone	**Cell Phone**	**Email Address**

Date of Birth	**Age**	**Race**	**Sex**	**Height**	**Weight**
_____ MM/DD/YYYY	_____				

Social Security Number	**South Carolina Driver's License Number**

In the past 10 years, I have been cited or arrested for violation of a criminal law, a local ordinance, or a traffic law.

☐ **Yes** ☐ **No**

If yes, please list the offense and the outcome of the charges:

I believe I am qualified to act as a Precious Metal Dealer and know of no reason or reasons why I should not be granted this permit.

☐ **Yes** ☐ **No**

If you answered "No" above, please explain here why you believe you may not be qualified for a precious metals dealer permit:

Name of business:

The business is a ☐ **sole proprietorship** ☐ **partnership** ☐ **corporation** ☐ **Other**

If other, please identify: _____

(All partners must file a written sworn and signed application. The president of the corporation must file a written, sworn and signed application)

If business is incorporated, the state of incorporation is _____

The corporation's agent of service in South Carolina is:

Name: _____

Mailing Address: _____

Email Address: _____

Telephone: _____

Business Address (*Applicant must file a separate application for each physical location*):

Street	City	State	Zip Code

Business Telephone	Cell Phone	Email Address

The Business address listed above is a permanent location ☐ **Yes** ☐ **No**

I understand that Precious Metal Dealers must OPERATE AT a permanent location with a permit for each LOCATION.

☐ **Yes** ☐ **No**

List ALL precious metals to be purchased at the location:

What is the nature of the metals to be purchased?

What is the character (condition or state) of the metals to be purchased?

What is the quality of the metals to be purchased?

The business and the dealer will only operate from this permanent location. ☐ **Yes** ☐ **No**

The business and the dealer WILL NOT operate on public property. ☐ **Yes** ☐ **No**

The business and the dealer WILL NOT operate from a vehicle. ☐ **Yes** ☐ **No**

The business and the dealer WILL NOT operate from a flea market, hotel room or other temporary location. ☐ **Yes** ☐ **No**

State law REQUIRES applicant to identify all places where applicant PROPOSES to do business as a Precious Metal Dealer in South Carolina and all places where applicant has carried on the business of purchasing precious metals within one (1) year preceding the date of this application.

(A) I am currently doing business as a Precious Metal Dealer. ☐ **Yes** ☐ **No**

If yes, list the names and addresses where you are currently conducting business in South Carolina:

(B) Within one (1) year preceding the date of this application, I have conducted business as a Precious Metal Dealer.

☐ **Yes** ☐ **No**

If yes, list the names and addresses where you have conducted business in South Carolina during the past year:

I currently own, operate, or am associated with the following businesses:

All of the above businesses are in compliance with all applicable federal, state, and local laws and regulations.
☐ **Yes** ☐ **No**

During the ten (10) years prior to the date of this application, I have owned, operated, or been associated with the following businesses (List business names and addresses here):

Information about the applicant's agents and employees ***(The following information must be provided for ALL persons managing, supervising, or conducting applicant's business at the location named herein).***

1. Name:			**Social Security Number:**		
SC Driver's License Number	**Date of Birth**	**Race**	**Sex**	**Height**	**Weight**
Home street address	**Home telephone**	**Email address**			

Person will serve as ☐ **Proprietor** ☐ **Manager** ☐ **Supervisor** ☐ **Person conducting business**
Other _____.
Person will work at named location ☐ **Yes** ☐ **No**

2. Name:			**Social Security Number:**		
SC Driver's License Number	**Date of Birth**	**Race**	**Sex**	**Height**	**Weight**
Home street address	**Home telephone**	**Email address**			

Person will serve as ☐ **Proprietor** ☐ **Manager** ☐ **Supervisor** ☐ **Person conducting business**
Other _____.
Person will work at named location ☐ **Yes** ☐ **No**

3. Name:			**Social Security Number:**		
SC Driver's License Number	**Date of Birth**	**Race**	**Sex**	**Height**	**Weight**
Home street address	**Home telephone**	**Email address**			

Person will serve as ☐ **Proprietor** ☐ **Manager** ☐ **Supervisor** ☐ **Person conducting business**
Other _____.
Person will work at named location ☐ **Yes** ☐ **No**

4. Name:		Social Security Number:			
SC Driver's License Number	Date of Birth	Race	Sex	Height	Weight
Home street address	Home telephone	Email address			

Person will serve as ☐ Proprietor ☐ Manager ☐ Supervisor ☐ Person conducting business

Other _____.

Person will work at named location ☐ Yes ☐ No

USE A SEPARATE SHEET OF PAPER TO PROVIDE INFORMATION ON ADDITIONAL EMPLOYEES

I understand that the Precious Metal Dealer permit is in addition to the standard local Business License.
☐ Yes ☐ No

I understand that the Precious Metal Dealer permit does not take the place of other state and local requirements to do business. I also understand I must comply with all other state and local laws related to my business.
☐ Yes ☐ No

I understand I must have a separate permit and separate Business License for each location where I do business.
☐ Yes ☐ No

I understand that I have a duty to notify the Business License department IN WRITING if there is any change in the location of my Precious Metal Dealership. ☐ Yes ☐ No

I understand that I have a duty to notify the Business License department IN WRITING if there is any change in the employees of my dealership. This includes additions or deletions. ☐ Yes ☐ No

I understand that I must post my Precious Metal Dealer permit at the named location in a place where it can be seen and easily read. ☐ Yes ☐ No

I understand I must keep a book to record all precious metal purchased at the named location by me, my agents, or employees as set forth in SC Code Section 40-54-60 and keep this book for at least 3 years. I further understand that I must make this book available for inspection by law enforcement. ☐ Yes ☐ No

I understand that it is illegal for me, my agents, or employees to purchase precious metal from a person who cannot produce a valid driver's license or other lawful picture identification. ☐ Yes ☐ No

I understand that I cannot legally purchase precious metal from any person under the age of 18 unless the person is accompanied by an adult who presents identification to establish the adult is the parent or legal guardian of the minor. ☐ Yes ☐ No

I understand that I must hold all precious metal purchases for AT LEAST seven (7) days from the date of purchase. The precious metal purchases must be held at the location identified herein or at a suitable location in the state of South Carolina and available for inspection by law enforcement. ☐ Yes ☐ No

I understand that only Precious Metal Dealers with valid permits may possess equipment to melt, crush, or alter precious metal. ☐ Yes ☐ No

I understand that any dealer who knowingly purchases stolen property is liable to the lawful owner for its fair market value plus damages and attorney's fees. ☐ Yes ☐ No

I understand that, if I violate any of the requirements or conditions noted in this application, give false information in this application, or violate any provisions concerning Precious Metal Dealerships as set forth in Title 40 of the South Carolina Code of Laws, I could lose my precious metals dealer permit and face criminal prosecution in General Sessions Court. ☐ Yes ☐ No

☐ **Attached to this completed application is a certified copy of my criminal history. I understand that the City of Sumter will not accept a criminal history prepared more than 60 days prior to the date of this application. (Applicant must, at applicant's expense, contact the State Law Enforcement Division (SLED) and obtain a certified copy of applicant's criminal history).**

☐ **Attached to this completed application is my fingerprint card. (Applicant must, at applicant's expense, have an authorized fingerprint card containing applicant's fingerprints prepared by SLED or other agency or person authorized to do so for law enforcement purposes).**

APPLICATION WILL NOT BE ACCEPTED WITHOUT THESE DOCUMENTS.

The Undersigned, being duly sworn, hereby swears and affirms that all information provided in this five-page application is complete, true and accurate. Applicant further swears and affirms that applicant understands that applicant can be criminally prosecuted for providing false information in this application.

Signed: _____
Signature of applicant

SWORN to and subscribed before me
This _____ Day of _____, 20____
Notary Public for State of South Carolina
My Commission Expires: _____

THE SUMTER POLICE DEPARTMENT HAS REVIEWED THE CONTENTS OF THIS APPLICATION, REVIEWED THE CRIMINAL HISTROY PROVIDED, AND CONDUCTED ANY INDPENDENT INQUIRY OR INVESTIGATION PROMPTED BY THE CONTENTS OF THESE DOCUMENTS. AS ARESULT, THE SUMTER POLICE DEPARTMENT ADVISES THE SUMTER BUSINESS LICENSE DEPARTMENT AS FOLLOWS:

☐ **The Sumter Police Department found no disqualifying information about applicant.**

☐ **The Sumter Police Department found the following disqualifying information about the applicant:**

THE ABOVE (LAST) SECTION IS TO BE COMPLETED BY THE CITY OF SUMTER POLICE DEPARTMENT