**Return to**: Chief A. Prock

 MYRTLE BEACH POLICE DEPARTMENT

 1101 N. Oak Street

 Myrtle Beach, South Carolina 29577

**Date of Application**:

**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 from a local law enforcement agency to engage in the business of purchasing precious metals and operates only from a permanent place of business. No dealer shall operate upon public property or 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 paper of the same size as the application and number answers to correspond to questions.

**1. Name and Address of Applicant**

Business Name Telephone Number

Business Address (street, city, county)

Business is ( ) Proprietorship ( ) Partnership ( ) Corporation-State of Incorporation

**2. Personal History of Proprietor, Partner, or Corporate Officers**

1. Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

1. Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

1. Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

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

Business Name Telephone Number

Business Address (street, city, county)

Business is ( ) Proprietorship ( ) Partnership ( ) Corporation-State of Incorporation

Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

**4. List the permanent 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 Number

Business Address (street, city, county)

Business is ( ) 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 Number

Business Address (street, city, county)

Number of Years at this location

Business is ( ) Proprietorship ( ) Partnership ( ) Corporation-State of Incorporation

Business Name Telephone Number

Business Address (street, city, county)

Number of Years at this location

Business is ( ) 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**

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

**7. Personal History of Persons Managing, Supervising, or Conducting**

 **Applicant’s Business**

Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

Name: (last, first, middle)

Telephone Number:

Business Capacity:

Home Address: (street, city, state, zip code)

DOB: (month, day, year)

POB: (city, county, state)

Social Security Number:

SC Driver’s License Number:

Race:       Sex:       Height:       Weight:

**8. Has any of the Proprietors, Partners, Corporate Officers, Persons Managing,**

 **Supervising, or conducting Applicant’s Business ever been arrested? If so, provide**

 **name, check appropriate corresponding box, and supply criminal history.**

Name: (last, first, middle)       Yes [ ] No [ ]

Name: (last, first, middle)       Yes [ ] No [ ]

Name: (last, first, middle)       Yes [ ] No [ ]

Name: (last, first, middle)       Yes [ ] No [ ]

Name: (last, first, middle)       Yes [ ] No [ ]

Name: (last, first, middle)       Yes [ ] No [ ]

**Other Information if Applicable:**

**Signature of Applicant** **Date of Signature**