

Precious Metal Dealer Application

Dear Applicant:

In accordance with the provisions of the City of Covington Ordinance, each person or entity desiring to operate or be an employee of a precious metal dealer within the City shall first make an application in person to the Covington Police Department to obtain his/her individual permit to carry on such activity.

No such permit shall be issued to a person who, within the five years next preceding the date of the application, has been convicted or pled guilty or entered a plea of nolo contendere to a crime constituting a felony, or involving moral turpitude, theft or fraudulent practices, or who has falsified, concealed or misrepresented any material portion of this application.

No pawnbroker shall allow any employee to work in a precious metal dealer unless the employee has been issued a current valid permit.

Complete the enclosed application for the additional precious metal dealer license and return it to this office with the following:

- A \$50.00 fee (cash, check or money order) paid to the Covington Police Department. A background check will be done at this time.

Any questions you may have should be directed to Cheryl Vaughn at 770-786-7605.

Sincerely,

Stacey L. Cotton, Chief of Police

Stacey L. Cotton
Chief of Police

Covington Police Department Application for Precious Metal Dealer Permit

Almond J. Turner
Assistant Chief



Name _____
(Last) (First) (Middle) (Maiden)

Home Address _____
(Number & Street) (City) (State) (Zip)

SSN _____ Phone No _____ Date Employed _____

Birthdate _____ State of Birth _____ Age _____

Height _____ Weight _____ Hair _____ Eyes _____ Race _____ Sex _____

Driver's License # _____ State _____

Employer's Name _____

Employer's Address _____

Employer's Telephone _____

Manager's Name _____

Manager's Address and Telephone _____

Name of Business _____

Business Location Address _____

Business Telephone _____

Upon approval of this application and issuance of a permit, it is understood that the permit must be posted on the premises when on duty and that the same must be exhibited to any duly authorized law enforcement officer or citizen upon request, and that said permit is good for one year from date of application.

Note: I understand that furnishing false or incomplete information will be grounds for denial of this permit. **There is no refund of the fee that accompanies this application if, for any reason, it is denied.**

State of Georgia, Newton County

I, _____, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing question in this application for a City of Covington license as a pawn dealer are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license. Furthermore, I do solemnly swear that within 5 years from the date hereof I have not been convicted, plead guilty to, or have entered a plea of non contendere to any crime constituting a felony, or involving moral turpitude, theft or fraudulent practices, or who has falsified, conceal or misrepresented any material portion of the application. I am giving the City of Covington Police Department the authority to conduct criminal history background checks on all persons who are listed on this application.

Applicant's signature (Full Name)

I hereby certify that _____, applicant, is personally known to me, That he signed his name to the foregoing application after stating to me that he knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn that said statements and answers are true.

This _____ Day of _____, 20_____.

Notary Public

Covington Police Department

1143 Oak Street, Covington, GA 30014
770 786-7605 / Fax 770 385-2160
www.covingtonpolice.com

Stacey L. Cotton
Chief of Police

Almond J. Turner
Assistant Chief of Police

Criminal History Consent Form

This authorization is valid for 90 days from the date signed.

Valid picture I.D. must be provided.

1. I am performing this criminal history inquiry for: Employment (continue to step 2)
 Personal Reason (continue to step 3)

2. I hereby authorize _____,
(Name of Employer/Business)

(Contact Person/First and Last Name)

(Telephone Number)

to receive any criminal history record information pertaining to me which may be in the files of any local and/or state criminal justice agency in Georgia.

3. Full Name: _____
(Last) (First) (Middle/Maiden Name)

Date of Birth: _____

Social Security Number: _____

Race: White (W) Black (B) Asian/Pacific Islander (A)
American Indian/American Native (I) Unknown (U)

Sex: Male (M) Female (F)

Signature of Consent

Date

Special provisions:

- Employment providing care to the Mentally Disabled (Purpose Code "M")
- Employment providing care to the Elderly (Purpose Code "N")
- Employment providing care to Children (Purpose Code "W")
- Employment in a Pawn Shop (Purpose Code "F")

Official Use Only

RECORD

____ Pages Attached

NO RECORD

Operator Signature



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