



NEW

RENEWAL

Mayor  
Chuck Cahn  
Township  
Clerk  
Nancy Saffos

DEALER OF PRECIOUS METAL, GEMS, & SECONDHAND  
GOODS  
BUSINESS LICENSE APPLICATION

**APPLICANT**

NAME OF COMPANY: \_\_\_\_\_

OWNER\*: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

OPERATING HOURS: \_\_\_\_\_

**POWER OF ATTORNEY:**

**Fees:**

DEALER: \$300

\*(If the Dealer is a business entity other than a sole proprietorship, the officers in a corporation or the partners in a partnership (or limited partnership) shall each be listed, and shall each complete and sign separate Security Check Authorization Waivers.)

**\*\*PLEASE ATTACH A COPY OF VALID ZONING AND/OR CONSTRUCTION PERMIT(S) FROM THE TOWNSHIP OF CHERRY HILL \*\***

**\*\* I hereby certify that I have obtained/will obtain the computer equipment and software required in Subsection 6-18.6 of this Ordinance, for purposes of reporting all transaction data in electronic format to the Cherry Hill Police Department \*\***

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

**(PLEASE NOTE: All Licenses are assessed a late fee if renewed after January 31<sup>st</sup>)**

The undersigned duly authorized agent of the applicant does hereby state that the above facts are true and correct and hereby authorizes the Cherry Hill Township Police Department to conduct full investigations into the background and activities of all persons listed on this application I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

\*\*\*\*\*

Township Council Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Receipt# \_\_\_\_\_



You couldn't pick a better place.

Mayor
Chuck Cahn
Township
Clerk
Nancy Saffos

CHERRY HILL POLICE DEPARTMENT
SECURITY CHECK AUTHORIZATION WAIVER

Please Attach a Copy of Valid Driver's License

Please Print

NAME Last First Middle Maiden AGE:

ADDRESS Number Street Town State Zip Code

PREVIOUS ADDRESS Number Street Town State Zip Code

CONTACT PHONE DATE OF BIRTH PLACE OF BIRTH

SEX M F RACE HGT WGT EYES HAIR COLOR

SOCIAL SECURITY NUMBER - - OCCUPATION

DRIVER'S LICENSE NUMBER STATE

Have you ever been convicted of a crime? Yes No If yes, where? Explain:

SECURITY CHECK AUTHORIZATION WAIVER

As indicated above, I have applied for non-criminal justice employment licensing, OR, as a volunteer participant in a block parent/helping hand type program. For the purpose of this application, I hereby authorize the release of any criminal history record information criteria for the stated purpose to the Cherry Hill Police Department and The Township of Cherry Hill. Any such information released as a result of this authorization shall be used only for the express purpose of processing the above indicated application.

Signature of Applicant Date:

FOR POLICE USE ONLY

APPLICATION FOR:

STATE OR FEDERAL STATUTE, RULE OR REGULATION, DESCRIPTION

LOCAL ORDINANCE: NON-CRIMINAL

APPLICATION RECEIVED BY DATE

SECURITY CHECK CONDUCTED

C.H.P.D. RECORDS N.C.I.C. S.C.I.C.

LOCAL POLICE JURISDICTION DRIVER'S LICENSE

OTHER

FOR POLICE CHIEF ONLY

APPROVED DENIED

Federal Regulations (Title 28) prohibit the use of Computerized Criminal History inquiries for a purpose other than authorized, therefore, this record check is not necessarily conclusive, and is not intended as an endorsement of the applicant.