



## Dealers of Precious Metals Permit Application

Please read the following instructions and information to ensure timely receipt of your permit. For complete details, please review our [Code of Ordinances Chapter 26, Article V, Division 3](#).

1. An application provided to the City Clerk must be completed in detail with the required information:
  - Full name and postal address of applicant and a copy of the registration certificate filed with the Office of the Consumer Credit Commissioner
  - A list of each location in the city where business will be conducted; for temporary locations, approximate dates and hours must be provided along with the name of the person responsible for onsite operations and compliance
  - Applicant's date of birth, height, weight, hair color, and eye color
  - Indication of whether the applicant or any employees have ever been convicted of a felony or Class A or Class B misdemeanor
  - Applicant's signature if an individual, or partner's signature if a partnership, by the president or vice-president if a corporation, or by an authorized office if an association (please include title)
2. Attachments:
  - If the applicant is other than an individual, a list of all employees who will be working for the applicant, giving their full names and addresses; their social security and/or driver's license numbers; the city, county, and state in which each resides permanently; and the date of birth, height, weight, hair color, and eye color
  - While the permit is in effect, if you wish to hire more employees, you shall provide an additional list containing the information listed above. These employees may not work until they obtain a permit approved by the permit board
3. Fees:
  - \$15 per permit which will cover one person
  - \$10 for each additional person working under this permit

### Additional Information:

- ❖ The name of the applicant and person signing the application must also be the same person reflected on all documents submitted to the City Clerk.
- ❖ Allow at least 7-10 business days to process the application. We cannot guarantee any applications will be processed sooner than 7-10 business days.
- ❖ All permits shall expire December 31 of the year in which it is issued.
- ❖ No permit may be sold, transferred or assigned.
- ❖ Applicant does not qualify for a permit if the applicant has been convicted of a felony offense less than five years from the date of the application.
- ❖ Refer to the ordinance for information regarding revocation; preservation and identifying information; and purchase and possession of items from which manufacturer's identification number or brand removed or obliterated.
- ❖ Payment forms accepted: cash, check, or money order made out to the City of Wichita Falls.

Please return this form to the City Clerk's Office at 1300 7<sup>th</sup> St Room 104 Wichita Falls, TX 76301 or via email at [city-clerk@wichitafallstx.gov](mailto:city-clerk@wichitafallstx.gov)



Date Submitted: \_\_\_\_\_

For Year: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Applicant Postal Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Addresses where business will be conducted:  
(For temporary locations, please also include hours and dates of operation as well as the name of the individual responsible for onsite operations and compliance)

**Employees**

Full Names:

Driver's Licenses:

Residential Addresses (Please include city, county, and state):

Social Security Numbers:



Dates of Birth:

Weight:

Height:

Hair Color:

Eye Color:

Have you or any of your employees have ever been convicted of a Class A or Class B misdemeanor or felony? If yes, please indicate which individual and provide as much detail as possible regarding the offense below.

OFFICE OF THE CITY CLERK



Please initial below.

I have read the above instructions and information. \_\_\_\_\_

I have provided all necessary documents as listed above. \_\_\_\_\_

I have attached a copy of my registration certificate filed with the Office of Consumer Credit Commissioner. \_\_\_\_\_

I hereby swear that the above and foregoing is correct and true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, Wichita County, Texas

(SEAL)

The following members of the Permit Board agree that, to the best of their knowledge, all statements contained in this application are true and that applicant has the right under the constitution and laws of this State and under this Article to engage in business. No representation or warranties are to be construed other than stated above.

City Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_

Date: \_\_\_\_\_