



CITY OF HARRISONBURG  
**POLICE**  
DEPARTMENT

**POLICE CHIEF KELLEY WARNER**  
**DEPUTY CHIEF ROD POLLARD**  
**DEPUTY CHIEF TODD MILLER**

101 NORTH MAIN STREET, HARRISONBURG, VA 22802  
OFFICE (540) 437-2600 • FAX (540) 437-2691

**APPLICATION FOR PRECIOUS METALS:**

To be turned in to the Harrisonburg Police Department:

1. Obtain a business license from the City of Harrisonburg. Can be done at the Municipal Building located at 409 S Main St.
2. Fill out the Precious Metals Application (available at the Harrisonburg Police Department or on the City website)
3. Written evidence that weighing devices have been inspected by the Virginia Department of Agriculture
4. Written evidence of a \$10,000 bond or Letter of Credit in the amount of \$10,000
5. \$200 check made out to the City of Harrisonburg
6. Completed FBI Background Check and fingerprint card
7. Receive, review and sign Chapter 41 of the State code. Understand the requirements for the Daily Report

**\*\*A PERMIT WILL NOT BE ISSUED UNTIL ALL OF THE ABOVE REQUIREMENTS ARE MET\*\***

**TO RENEW A PRECIOUS METALS LICENSE:**

To be turned in to the Harrisonburg Police Department:

1. Fill out Precious Metals Application
2. Updated written evidence that weighing devices have been inspected by the Virginia Department of Agriculture
3. Updated written evidence of a \$10,000 bond or Letter of Credit in the amount of \$10,000
4. \$200 check made out to the City of Harrisonburg



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## Application For Dealers In Precious Metals

Name (Last, First Middle) \_\_\_\_\_

Aliases: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ SSN \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

Name of Dealer's Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Phone # of Business: \_\_\_\_\_



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I have read and understand Chapter 41 of the Virginia State Code, specifically Section 54.1-4108, including all sections therein, and agree to operate in compliance with the Virginia State Code. All information given in this application is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_

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