



EMPLOYEE FORM
PAWNBROKERS AND SECONDHAND
DEALERS

CITY OF WINCHESTER, VIRGINIA ORDINANCE SECTION 16-27.3 (B)

Name: _____
(Last) (First) (Middle)

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Sex: Male Female

Social Security Number: _____ - _____ - _____

Home Address: _____

Telephone Number: _____ Cell Number: _____

Photo of Employee: