



CITY OF ST. LOUIS SECONDHAND DEALER PURCHASE FORM PURCHASE RECEIPT



Business Name _____

Transaction # _____

Employee _____

Date _____

SELLERS INFORMATION

Date Purchased		Time Purchased	
First Name		Last Name	
Address			
City		State	Zip
Contact Number (Home\Cell)		Contact Number (Business)	
Date of Birth	Social Security #	Race	Sex
Identification (Drivers License, State, School, or Military)	State	E-mail	

ITEM INFORMATION

Quantity	Color	Condition
Brand	Model	Serial Number
Description		
Description (continued)		

Identification (Drivers license, State, School, or Military)

Right Thumb Print

This transaction form shall be maintained by the secondhand dealer for a period of one year from the date of the transaction. At least sixty days prior to the destruction of this transaction form, the licensee shall notify, in writing, the **police department** of his/her intent to destroy such document.