

COMMONWEALTH OF PENNSYLVANIA

County of Washington

OFFICE OF THE SHERIFF



APPLICATION FOR ANNUAL LICENSE AS A DEALER IN PRECIOUS METALS

BUSINESS COMBINATIONS

APPLICATION # .....

BUSINESS NAME: .....

IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME: ..... / ..... / .....

ADDRESS: .....

PHONE # .....

IF PENNSYLVANIA CORPORATION, DATE OF INCORPORATION: ..... / ..... / .....

IF FOREIGN CORPORATION, DATE OF REGISTRATION IN PA: ..... / ..... / ..... AND NAME OF STATE

IN WHICH INCORPORATED: ..... AND DATE: ..... / ..... / .....

NAMES AND ALIASES OF PARTNERS OR OFFICERS & BOARD MEMBERS

TITLE

AGE

SEX

ADDRESS

PHONE #

- 1.
2.
3.
4.
5.
6.

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE? YES NO IF YES, GIVE NAME AND DETAILS:.....

HAVE ANY OF THE ABOVE NAMED PARTNERS, CORPORATE OFFICERS OR MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS EVER HAD AN APPLICATION FOR A PRECIOUS METALS DEALER LICENSE SUSPENDED, CANCELLED, OR REVOKED BY ANY FEDERAL, STATE, OR MUNICIPAL AUTHORITY? YES NO

IF YES, GIVE NAME AND DETAILS:.....

NAME OF OFFICE MANAGER: .....

ADDRESS: ..... PHONE # .....

SIGNATURES OF: PARTNERS OR OFFICER:

- 1)
2)
3)
4)

DATE OF APPLICATION: ..... / ..... / .....

SHERIFF'S OFFICE USE ONLY: