

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: