

APPLICATION FOR ANNUAL LICENSE
AS A DEALER IN PRECIOUS METALS

OFFICE OF THE SHERIFF OF MONROE COUNTY
COMMONWEALTH OF PENNSYLVANIA

BUSINESS COMBINATIONS
APPLICATION / LICENSE # _____

BUSINESS NAME: _____

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

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOURS OF OPERATION: _____ PHONE # _____

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

IF FOREIGN CORPORATION, DATE OF REGISTRATION IN PENNSYLVANIA: ____/____/____ AND,
NAME OF STATE IN WHICH INCORPORATED: _____ AND DATE: ____/____/____

NAMES AND ALIASES OF PARTNERS

OR OFFICERS & BOARD MEMBERS TITLE AGE GENDER ADDRESS PHONE #

1.

2.

3.

4.

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 & DETAILS: _____

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

IF YES, GIVE NAME & DETAILS: _____

NAME OF OFFICE MANAGER: _____ PHONE # _____

ADDRESS: _____

SIGNATURES OF PARTNERS OR OFFICERS: 1. _____

2. _____

3. _____

4. _____

DATE OF APPLICATION: ____/____/____

SHERIFF'S OFFICE USE ONLY: