

APPLICATION FOR ANNUAL LICENSE
AS A DEALER IN PRECIOUS METALS

OFFICE OF THE SHERIFF OF MONROE COUNTY
COMMONWEALTH OF PENNSYLVANIA

INDIVIDUAL
APPLICATION / LICENSE # _____

APPLICANTS FULL NAME: _____ GENDER: _____ AGE: _____

PREVIOUS NAME OR ALIAS: _____

ADDRESS: _____

PHONE # _____

APPLICANTS PREVIOUS ADDRESS (1) _____

(FOR LAST FIVE YEARS) _____ SINCE 20 _____

(2) _____

_____ SINCE 20 _____

APPLICANT'S EMPLOYER: _____ PHONE # _____

ADDRESS: _____

APPLICANT'S BUSINESS NAME: _____

BUSINESS ADDRESS: _____ PHONE # _____

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

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR
ELSEWHERE? _____ YES _____ NO

HAVE YOU EVER HAD AN APPLICATION FOR A PRECIOUS METALS DEALER LICENSE
REJECTED OR HAD A PRECIOUS METALS DEALER LICENSE SUSPENDED, CANCELED OR
REVOKED BY ANY FEDERAL, STATE OR MUNICIPAL AUTHORITY? _____ YES _____ NO

APPLICANT'S SIGNATURE: _____

DATE OF APPLICATION: ____/____/____

SHERIFF'S OFFICE USE ONLY: