

**APPLICATION FOR ANNUAL LICENSE
AS A DEALER IN PRECIOUS METALS**

OFFICE OF THE SHERIFF OF CAMBRIA 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 OF 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: