

APPLICATION FOR ANNUAL LICENSE FOR

PRECIOUS METALS DEALERS

Lawrence County, Pennsylvania

Business/Individual Name: _____
(If Assumed or Fictitious Name; Date of Registration ____/____/____)

Address: _____

Business Phone# _____ Cell Phone # _____

Email Address: _____

Previous Address (In the last 5 years): _____

Pennsylvania Corporations, Date of incorporation: ____/____/____

Foreign Corporation, Date of Registration in Pennsylvania ____/____/____

State in which incorporated: _____ Date of incorporation: ____/____/____

Names and Aliases of:

Partners/Corporate Officers/Board Members Title/ /Address/Phone Number

1. _____

2. _____

3. _____

Have any of the above names 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? _____

If yes, give name & details: _____

Have any of the above named partners, officers, or members of the Board of Directors ever had an application for a Precious Metals Dealer License suspended, cancelled or revoked by any Federal, State or Municipal Authority? _____ If yes give name & details: _____

Name, Address and Telephone Number of Office Manager: _____

Signature: _____

Date of Application: _____