



PHONE: (570) 325-2821

CARBON COUNTY SHERIFF'S DEPARTMENT

4 BROADWAY · JIM THORPE PA, 18229

FAX: (570) 325-7860



PRECIOUS METALS DEALER APPLICATION

APPLICANTS FULL NAME:	INDIVIDUAL APPLICATION #
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PREVIOUS NAME OR ALIAS:	DATE OF BIRTH / /	AGE:	SEX
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ADDRESS:

HOME PHONE #:	CELL PHONE #:
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APPLICANTS EMPLOYER: (IF ANY)	EMPLOYER ADDRESS:	EMPLOYER PHONE #:
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APPLICANTS PREVIOUS ADDRESS (FOR LAST FIVE YEARS)

ADDRESS	YEARS:
1	
2	
3	

APPLICANTS BUSINESS NAME:	APPLICANTS BUSINESS ADDRESS:	APPLICATIONS BUSINESS PHONE #:
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IF ASSUMED OR FICTICIOUS NAME:
 DATE OF REGISTRATION OF SAME: / / STATE OF REGISTRATION: _____

HAVE YOU EVER BEEN INDICTED OR CONVICTED OF A CRIME IN THIS COMMONWEALTH OR ELSEWHERE? _____ YES _____ NO
 IF YES, GIVE DETAILS: _____

HAVE YOU EVER HAD AN APPLICATION FOR PREVIOUS METALS DEALER LICENSE SUSPENDED, CANCELLED OR REVOKED BY ANY FEDERAL, STATE, OR MUNICIPAL AUTHORITY? _____ YES _____ NO
 IF YES, GIVE DETAILS: _____

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. I authorize the sheriff, or his designee, to inspect only those records or documents relevant to information required for this application. This certification is made subject to both the penalties of section 4904 of the Crimes Code (18 Pa.C.S. 4904) relating to unsworn falsifications to authorities and Precious Metals Act of this Commonwealth (P.L.92 No.17) (73 P.S. S 1931 et seq.).

LICENSE FEE: \$50.00 PER YEAR	
SIGNATURE: _____	DATE: / /



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PRECIOUS METALS DEALER APPLICATION

BUSINESS NAME:		BUSINESS COMBINATIONS APPLICATION #:
IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME:		PHONE #:
ADDRESS:		
IF PENNSYLVANIA CORPORATION, DATE OF INCORPORATION:	IF FOREIGN CORPORATION, DATE OF REGISTRATION IN PA:	
NAME OF OFFICE MANAGER:	IF FOREIGN CORPORATION STATE IN WHICH INCORPORATED:	DATE INCORPORATED: <u> / / </u>
ADDRESS OF OFFICE MANAGER:	OFFICE MANAGER PHONE #:	

NAMES AND ALIASES OF PARTNERS OR OFFICERS AND BOARD MEMBERS

	NAME & ADDRESS	TITLE	SEX	DOB
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 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 PREVIOUS METALS DEALER LICENSE SUSPENDED, CANCELLED OR REVOKED BY ANY FEDERAL, STATE OR MUNICIPAL AUTHORITY? _____ YES _____ NO

IF YES, GIVE DETAILS: _____

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties prescribed by law. I authorize the sheriff, or his designee, to inspect only those records or documents relevant to information required for this application. This certification is made subject to both the penalties of section 4904 of the Crimes Code (18 Pa.C.S. 4904) relating to unsworn falsifications to authorities and Precious Metals Act of this Commonwealth (P.L.92 No.17) (73 P.S. S 1931 et seq.).

SIGNATURES OF PARTNERS OR OFFICERS	LICENSE FEE: \$50.00 PER YEAR	
	SIGNATURE 1: _____	DATE: <u> / / </u>
	SIGNATURE 2: _____	DATE: <u> / / </u>
	SIGNATURE 3: _____	DATE: <u> / / </u>
	SIGNATURE 4: _____	DATE: <u> / / </u>