

COMMONWEALTH OF PENNSYLVANIA  
ADAMS COUNTY  
OFFICE OF THE SHERIFF



APPLICATION FOR ANNUAL LICENSE  
AS A DEALER IN PERCIOUS METALS

INDIVIDUAL  
APPLICATION No. \_\_\_\_\_

APPLICANT'S FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PREVIOUS NAME OR ALIAS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPLICANT'S PREVIOUS ADDRESS: 1. \_\_\_\_\_

SINCE \_\_\_\_\_

2. \_\_\_\_\_

SINCE \_\_\_\_\_

APPLICANT'S EMPLOYER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

APPLICANT'S BUSINESS ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

APPLICANT'S BUSINESS NAME: \_\_\_\_\_

IF ASSUMED OR FICTITIOUS NAME, DATE OF REGISTRATION OF SAME: \_\_\_\_\_

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

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

SHERIFF'S OFFICE USE ONLY:

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